

**FFECTIVENESS OF PROGRAMMED TEACHING ON LEVELS
OF KNOWLEDGE AND EXPRESSED PRACTICES REGARDING
FIRST AID MANAGEMENT AMONG PRIMARY SCHOOL
TEACHERS AT SELECTED SCHOOLS VELLORE**

**M.Sc. (NURSING) DEGREE EXAMINATION
BRANCH- II CHILD HEALTH NURSING
SRI NARAYANI COLLEGE OF NURSING,
VELLORE-55**



A Dissertation Submitted to
**THE TAMIL NADU DR. M. G. R. MEDICAL UNIVERSITY,
CHENNAI- 600 032.**

In partial fulfillment of the requirement for the degree of
MASTER OF SCIENCE IN NURSING.

APRIL-2016

CERTIFICATE

This is to certify that the dissertation entitled **“EFFECTIVENESS OF PROGRAMMED TEACHING ON LEVELS OF KNOWLEDGE AND EXPRESSED PRACTICES REGARDING FIRST AID MANAGEMENT AMONG PRIMARY SCHOOL TEACHERS AT SELECTED SCHOOLS – VELLORE”** is a bonafide research work done by Ms. **SUMITHRA.M**, Sri Narayani College of Nursing, Vellore – 55, in the partial fulfillment of the requirement for the degree of Master of Science in Nursing, Branch II – Child Health Nursing, under my guidance and supervision during the academic year 2014-16.

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**BY
301417703**

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MASTER OF SCIENCE IN NURSING.

APRIL-2016

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ACKNOWLEDGEMENT

My most heartfelt gratitude is articulated to be the **Almighty God** and **Beloved SRI SAKHTI AMMA**, for his Abundant Grace, Love, Compassion and Immense showers of blessing, which gave me the strength and courage throughout the study.

I am grateful to our managing Director **Dr. N. BALAJI, Ph.D., MACE, FIMSA, FACS_C, MBA, SNHRC and SNCON**, who gave opportunity to conduct the study.

I express my deepest and heartfelt thanks to **Prof. Mrs. LALITHA PURUSHOTHAMAN, M.Sc (N)., M.Phil.**, Administrative cum liaison officer - SNCON, who has given me the support and being my role model throughout these years.

My feel pleasure to express my gratitude and sincere thanks to principal **Prof. Mrs. V.SUJATHA, M.Sc (N)., Principal of SNCON** for her guidance and support throughout my study

I extend my whole hearted thanks to enthusiastic personality who is my research Guide **Mrs. Dhanalakshmi.N., M.Sc (N)., HOD OF Child health Nursing SNCON** for her, Expert advice, which enlightened my path to completed the work systematically.

I am greatly indebted and express my gratitude and sincere thanks to my Co-guide Tutor **Mrs. Shanthakumari, MSc., (N)** Sri Narayani College of Nursing, for her enduring work , encouraging guidance and support to complete my study.

I extend my thanks to **Prof. Mr. S. Muthurathinam, M.Sc., Biostatistics,** SNCON for his assistance in statistical analysis and for presentation of data.

I extend my cordial thanks to **Prof. Mr. B.G. Thiruinbaezhilan, M.A., B.ed., M.Phill., Ph.D., & Prof. Mr. Thomas Sekar., M.A., B.Ed., M.Phil.,** who helped me in Tamil & English editing Voorhees College, Vellore

I express my gratitude to the chief educational officer, Headmaster and to the all the teachers who were working in primary school in Anaicut. Vellore for their cooperation in my study

I extend my cordial thanks to J.J Computer Center Incharge Mr.Nelson, who helped me in the English editing.

My deepest gratitude goes to my family Mrs.Valliyammal.M and my brother Mr.Gopal.M for their unflagging love and unconditional support throughout my life and my studies.

M. Sumithra

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ABBREVIATIONS

| | |
|------------|---------------------------|
| EP | Expressed Practice |
| FAM | First Aid Management |
| KSA | Kingdom of Saudi Arabia |
| PM | Programmed Teaching |
| SHP | School Health Programmed |
| VCT | Video Clipping Teaching |
| WHO | World Health Organization |

ABSTRACT

INTRODUCTION:

Knowledge of first aid, which constitutes life saving treatment for injuries or unexpected illness is important for every individual especially children. Hence the knowledge of first aid among school teachers is essential for undertaking measures to prevent them.

Statement of the problem:

Effectiveness of programmed teaching on levels of knowledge and expressed practices regarding First Aid Management among primary school teachers at selected schools –Vellore

Objectives:

- To assess the pre-test levels of knowledge and expressed practices regarding first aid management among primary school teachers.
- To assess the effectiveness of programmed teaching levels of knowledge and expressed practice regarding first aid management among primary school teachers.
- To find out the association between post- test levels of knowledge and expressed practices regarding first aid management among primary school teachers and selected demographic variables.

Methods:

The study adopted a quantitative approach and the research design was pre experimental one group pre and Post-test design. Non probability convenient sampling technique was used to select 30 primary school teachers in Anaicut.

Result and interpretation:

Regarding the effectiveness of programmed teaching the pretest level of knowledge mean score 18.9 ± 2.99 and the posttest level of knowledge mean score was 25.3 ± 3.15 the mean difference of pre and posttest knowledge was 6.4 the calculated paired 't' test value was significant at $p < 0.05$ level. The pretest of expressed practices mean score was 5.5 ± 0.67 and the posttest mean score was 7.2 ± 0.65 the mean difference of pre and posttest was 1.7 The calculated paired 't' value 15.6 higher than the table value 2, which is significant at $p < 0.05$ level.

The level of knowledge statistical outcome of 'chi'- square analysis, was to find out the association between the posttest levels of knowledge and selected demographic variables. It reveals that, residence, sex, teaching experience, are statistically significant at $p < 0.05$ level. The 'chi'-square analysis to find out the association between posttest levels of expressed practices and selected demographic variables, reveals that sex, residence, teaching experience, are statistically significant at $p < 0.05$ levels.

Conclusion:

The finding of the study concluded that there was significant increase in the level of knowledge and good expressed practice of primary school teachers. After programmed teaching using video on first aid management among primary school teachers. The level knowledge increased and expressed practices improved due to effectiveness of programmed teaching.

Keywords:

Effectiveness, Programmed teaching, Knowledge, Expressed practice first aid, Management Primary School Teachers.

CHAPTER I

INTRODUCTION

School should be a safe place for all students to learn and play and it is job of each teacher and administrator to ensure that safety.

Mrs.Susan Teacher & Psychologist

Child is a unique individual, he or she is not a miniature adult not a little man or woman. The childhood period is vital because of socialization process by transmission of attitude, customs and behavior through the influence of family and community.

The development of a country can be determined by estimating the health status of children in that country. Children are the major consumers of health care. In India about 35% - 40% of total population is children below 15 years of age. This group is considered as special risk group as they are vulnerable to various health problems. Children always need special care to survive.

Children injuries are growing as global public health problems. Thousands of children die each year from injuries or violence, and millions suffer the consequences of non-fatal injuries.

Children constitute large sections of the population in India. It is a great challenge to the nation to provide health, education and food to the children below 15 years who are the dependent, unproductive section which comprising of 40% of the total population of the country (Census 2011). This is the section of population with great potential.

“Children are the wealth of tomorrow. Take care of them if your wish to have a strong India, ever ready to meet various challenges” said Jawaharlal Nehru.

First aid is the immediate care given to a person who has been injured or suddenly fallen ill. It includes self-help and home care if medical assistance is not available or is delayed. It also includes well-selected words of encouragement, evidence of willingness to help, and promotion of confidence by demonstration of competence.

The school is a place where children spend most of the time and process of socialization occurs there, as they are more active and adventuresome. Unfortunately, accidents in nursery schools, are fairly common. Especially in schools they are exposed to various types of minor injuries like sports injury, bleeding, fracture, wound, etc. Accidents and injuries are major causes for disability and death among children.

In 2011, there are over 98% (50.4million boys & 47.7 girls) enrolled in about 5.55 lakh primary schools in India. In rural areas, 96.6% of population is served by primary schools located within one kilometer.

The primary school is where a strong foundation of a child's education is set. This is where a child's mind and body must be nurtured and prepared for the future. Primary school children are also highly active physically and hence, more prone to injuries. That is why in addition to the academic education imparted here, their physical health also needs to be cared for meticulously.

School age children are very active at home, community and the school. This increased activity and time away from parents, increases the risk for unintentional injuries. They are at high risk of accidents that decreases their ability to attend school regularly. The death rate in children between 5 to 10 years of age is less than primary school children.

Each year, 20 % to 25% of all children sustain an injury and need to seek medical attention or miss the school. The future development of the children depends on their enjoying good health today. A school is an exciting place for children, who love to explore but aren't aware of the potential dangers. The incidence of accidental injuries is increasing in India, especially school accidents in children. Life can't be risk-free, but most accidents can be prevented by utilizing a safety list.

First aid is not only just about helping crash victims at the roadside, but also calming an injured person as profound as saving a life. Certain self-limiting illnesses or minor injuries may not require further medical care immediately, if first aid is given. It aims to preserve and protect life, prevent further injury or deterioration of illness and help to promote recovery. The internationally accepted symbol for first aid is the white cross on a green background, St John Ambulance 2008.

The first hour after injury is the golden hour. It is estimated that 50% of deaths occur within first hour of an accident, 30% between one hour and one week, and 20% occur after the first week.

Knowledge of first aid, which constitutes lifesaving treatment for injuries or unexpected illness, is important for every individual at any age.

Teachers are the adults responsible for school children in the absence of the parents. Hence the knowledge of school teachers is essential for undertaking measures to prevent children from injuries.

First aid is the treatment of any injury or illness before availability of professional medical aid. It is so important that teaching basic first aid should be compulsory in all schools especially primary school teachers. School is an organized community and easy to reach for implementation of health and health related programmes. Therefore, school has both responsibility and opportunity to help, protect, maintain and improve the health

of the students. There is an interrelation between the school and the homes of children and that greatly facilitates an organized approach to health promotion, health appraisal and health restoration.

Teacher is the key person who can attend to the children for minor injuries in school through complete knowledge regarding first aid management.

There are variety of measures teachers can take to reduce the risks like wound, nose bleed, bee sting, bites etc. The children are our nation's most precious resource, but they often lack the skills to protect themselves in the risk situations. It is the responsibility of the teachers to safeguard children and to teach them the skills to be safe.

Injuries are the major cause of illness, especially for primary school children. Schools are one of the common places of accidents. Knowledge on first aid among school teachers is very important to save the school children immediately. First aid is the initial care for the ill and injured. It helps to urgently manage the health problems of school age children. Therefore, first aid training is given to all types of teachers at all levels during their education. Instead teaching and reinforcing about first aid measures for teachers in primary schools should be still needed is through advanced methods of teaching strategies which help causality as soon as injuries occur so that children life could be saved.

Basic first aid knowledge helps the teachers to deal with emergency situations. So they are mentally prepared for emergencies. Teachers should be taught about different first aid measures at school, which helps emphasize the importance of child safety. This enables them to overcome difficult situations like injuries, bites, fracture and outdoor emergencies. First aid is all about using common sense in the hour of need. Preventing injuries by providing safe educational environment is one of the basic concerns.

Children spend most of the time in school under the direct supervision of teachers. They are also exposed to various types of epidemiological factors in the school, which influence their present and future state of health. Hence, first aid should be known by school teachers to meet the urgent needs of these school children during minor injuries fracture. Teacher is the key person in school who attend such type of victims and always in a position to save the life. Healthy safe environment is very important to avoid these hazards beside qualified teachers who can detect any health problem and can give first aid for commonly occurring emergencies in schools.

World Health Organization [Sept 2010] Dog bite Bangalore also shows that 42% of dog-bite victims are children. The result showed that majority of dog bite injuries (62.8%) were sustained by male children, dog bite injuries were most prevalent during the months of June and July (24.1%); grade school-aged children (6 to 12 years) constituted the majority of victims (51%) followed by pre schools (2 to 5 years; 24.0%); infants (birth to 1 year; 4.5%). Injuries sustained by infants and preschoolers often involved the face (53.5%), whereas older children sustained injuries to the extremities (60.7%). The study concludes that the children under 15 are the main victim for dog bites.

Developing Country perception regarding first aid Out of 262 school teachers 255 (97.3%) had ever heard of a terminology first aid in china (2013). Among those who had heard of first aid 201 (78.8%) had replied that first aid has to be given in case of wounds whereas only 77 (30.2%) were aware that even fainting needs first aid care. 204 (80.0%) perceived that in case of wound the area should be washed with water. In case of fracture, only 77 (30.2%) perceived that the fractured part should be supported/splinted. In case of bleeding from nose only 13 (5.1%) mentioned that pressure should be applied over nose.

Developing country Uttarakhand, India (2014)

Children spend most of the time in school under the direct supervision of teachers. They are also exposed to various types of epidemiological factors in the school, which influence their present and future state of health. Hence, first aid should be known by school teachers to meet the urgent needs of these school children during minor injuries. Teacher is the key person in school who attend such type of victims and always in a position to save the life. Healthy safe environment is very important to avoid these hazards beside qualified teachers who can detect any health problem and can give first aid for commonly occurring emergencies in schools.

In this study, the knowledge and practices posttest score of primary school teachers were significantly higher compare to pretest knowledge and practice score about first aid management of selected minor injuries such as minor fracture, epistaxis, minor wounds, etc. Similar studies from mother parts of world also shows that teachers agreed the all (90-100%) that epistaxis, due to sports or playing is common in primary school children. Another study also shows that 72-80% primary school teachers have improved their knowledge and continue practice regarding first aid management for emergency condition in school campus.

NEED FOR THE STUDY

Children are most important citizen of the country because they will be tomorrow's youth and provide the human potentials required for the country development. The national policy for children initiated on has placed high priority on early childhood care.

First Aid essentially uses simple techniques involving a basic knowledge, good practice of the principles of life preservation. It does not require sophisticated equipment or a great knowledge of medical matters. It is often as important to know what not to do

as it is to know what should be done. First Aid equipment and materials must be simple, and capable of being used by anyone without risk of exacerbating any injuries or causing the condition of an injured person to deteriorate.

As per WHO (2010) estimates, nearly 950,000 children die in the world due to an injury each year. National Crime Record Bureau data and few independent studies reveal that nearly (2012) 15 - 20 % of injury deaths occur among children. For every death, nearly 30% to 40% of children are hospitalized and are discharged with varying levels of disabilities.

In US, 3925 sports related deaths occurred in the year 2013, and out of these deaths 85% were involved in spot death while 12% in late death for children under 14years. The US death rate is such that more than 600 children die each year from unintentional injury and burns related injuries.

A study conducted in USA on 2012 public school teachers showed that only one third of them were trained in first aid. The majority of public school teachers (87%) thought that emergency care training should be a part of teacher preparatory.

A study was conducted in China (2011) on sports injury in children. They found a total incidence rate of 73.3 per 1000 per year. The types of injuries were contusions 37.1%, fractures 22.0%, sprains 24.8%, and wounds 9.5%. The study concluded, hospitalization rate was 3.8% and the incidence rate of fractured injuries was high.

Globally every year 1,50,000 people die in situations where first aid could have given them a chance to live. Even so, fewer than one in 10 people have been trained in first aid. The school primary school teachers have to be equipped with the first aid training.

Martin C.B.,et.al., (2012) conducted a study aimed to analyze accident involving foreign bodies among children less than 15years of age in terms of first aid at Brazil. Data

were obtained from the general hospital records data base. A total of 434 accidents were analyzed, with 0.7% mortality Boys predominated (53.7%), with incidence rate highest among children 1-3 (7.2/1000 children), foreign body penetration (eyes, nostrils and ear) 94%, inhalation / ingestion of objects (2.5%), aspiration of gastric contents (0.7%).

First aid is a measure to save the life of the person. India is one of the largest developing countries in the world; it constitutes around 20% of school going children. The future of our country rests on the children who will become the future citizens and leaders. Care for the children is not only vital in itself but the most important aspect of the health of the community as a whole.

The first aider is also likely to be trained in dealing with injuries such as cuts, chocking, fracture, wound, bleeding. They may be able to deal with the situation an in its entirety. A small adhesive bandage on a paper cut or may be required to maintain the condition of something like a broken bone, until the next stage of definitive care, usually an ambulance arrives.

India - a country of over a billion people - is today one of the youngest countries in the world. Nearly one third of its population is under 15 years of age. Economists and advocates of developments have repeatedly stressed that India needs to provide far greater access to improved healthcare and education for this young population.

As per National Crime Record Bureau report of 2013, there were 22,766 deaths (<14years) due to injuries among children. A recent national review on burden of injuries in India revealed that, nearly 8.2% of deaths and 20-25% of hospitalizations occur among children, based on few hospital and population based studies. In the same year, there were deaths among 1,133 children in India.

According to national center for health statistics 2013, indicates that estimated 48.9 million children who have disability. Among them who are younger than three years of age, the prevalence of disability is 2.2% -3-5% years of age group, 5.2% belong to male who are more disabled than the females. About 85% external bleeding is reported due to scalds from school sports in playground, SCI (spinal cord injury) in the United States, 10% is estimated in children age 1-12 years.

A study conducted by L.D. Howe (2010) in Pune City suggest that designed health education and training program led to significant improvement of knowledge and practice of nursery school teachers in first aid and dealing with emergency situations occurring to preschoolers.

Based on literature review and investigators' experiences, researcher felt that it is essential to give adequate knowledge about first aid emergency care to school teachers especially to volunteer groups like primary school teachers. At the time of accidents, injury wound, fracture, snake bite, the primary school teachers has significant role in rescue services. The knowledge regarding first aid emergency care in addition to the physical and mentally training to school teachers help them to play a major role in emergency management in adverse condition where the medical professionals find difficulty primary school teachers first aid training to reach the school teachers.

First aid of common injuries which has motivated the researcher to undertake the Evaluative study to educate using multimedia package and make the school teachers to acquire and update their knowledge with the help of programmed teaching and self-questionnaires' and demonstration and develop first aid knowledge skill to make them practice in the first aid of common injuries occurring in children.

As a nurse educator she has a greater role to educate the school teachers regarding various aspect of health like hand washing, waste disposal, prevention of accidents, safety needs and first aid. Since the researcher selected one among them. She needs to contribute a small portion to this life saving measures through this Major study. So let's all (Nurses, teachers and Public) take it as a challenge to save the life and promote the well being of children and community who are tomorrow's kings and queens.

STATEMENT OF THE PROBLEM

Effectiveness of programmed teaching on levels of knowledge and expressed practices regarding First Aid Management among primary school teachers at selected schools, Vellore

OBJECTIVES:

- To assess the pre-test levels of knowledge and expressed practices regarding first aid management among primary school teachers.
- To assess the effectiveness of programmed teaching levels of knowledge and expressed practices regarding first aid management among primary school teachers.
- To find out the association between post- test levels of knowledge and expressed practices regarding first aid management among primary school teachers and selected demographic variables.

OPERATIONAL DEFINITIONS:

Effectiveness :

It refers to significant gain in levels of knowledge favorable expressed practices regarding first aid management as measured by questionnaire, and check list prepared by the researcher respectively.

Programmed teaching:

It is systematically developed teaching plan on various aspects of first aid management such as bleeding, wound, fracture, foreign body aspiration, bites and stings through multimedia teaching.

Knowledge:

It refers to awareness and understanding regarding knowledge of first aid Management among the primary school teachers as measured by structured questionnaire.

Expressed Practices:

In the present study effectiveness refers to, 'the gain in level of knowledge and expressed practices regarding first aid management among primary school teachers as evidenced by improvement in post-test knowledge scores when compared with pre-test'

First Aid Management:

It refers to the assistance given to the victim after a traumatic injury before actual treatment is given for selected conditions such as bleeding, wound, fracture, foreign body aspiration, bites and stings.

Primary school teachers:

Refers to both male and female teachers working at selected primary school Vellore

HYPOTHESES:

H₁ - There is a significant difference between pre and post- test levels of knowledge and expressed practices regarding first aid management among primary school teachers.

H₂ - There is a significant association between post-test levels of knowledge score expressed practices and selected demographic variables regarding first aid management among primary school teachers.

ASSUMPTIONS:-

- Teachers may have attended training in first aid management.
- Teachers may need refreshers courses on first aid management.
- Programmed teaching may help in imparting knowledge on first aid management

DELIMITATION:-

This study is limited to

- Selected primary school teachers at Vellore only.
- Sample size 30 only.
- Data collection period 6 weeks only

CONCEPTUAL FRAMEWORK

Conceptual framework is a theoretical approach the study of problems that are scientifically based and emphasizes the selection and clarification of its concepts. A conceptual framework states functional relationship between events and is not limited to statistically relationship, the present study aims to evaluate the effectiveness of programmed teaching on levels of knowledge and expressed practice regarding first aid management, among primary school teachers.

The conceptual framework of the present study was modified by the researcher based on Imogene King's goal attainment model (1981). The model focuses on interpersonal relationship between the client and the nurse, in which interaction takes place between them and this interaction is influenced by the perception of the nurse. This interaction leads to goal setting by the nurse that has to be achieved by the client. In the present study the interaction takes place between the researcher and the primary school teachers who may have inadequate, moderate and adequate knowledge on First aid management.

PERCEPTION:

Perception is a process in which data obtained through the senses and from memory are organized, interpreted and transformed, which are related to past experiences, concept of self and educational background. In the present study investigator perceives the levels of knowledge and expressed practices on First aid management among primary school teachers is inadequate, moderate or adequate. The researcher sets the goal to improve the levels of knowledge and expressed practices regarding first aid management among primary school teachers on first aid management.

ACTION:

A sequence of behavior involving mental and physical action in the study during the action phase. The researcher prepared the self-administered questionnaire to assess the levels of knowledge and check list to assess the expressed practice among primary school teachers. 30 primary school teachers were selected using convenient sampling. A plan was made for education on First Aid management with the help of multimedia package after pre-test to improve the knowledge of primary school teachers.

INTERACTION:

A different set of value ideas, levels of knowledge and expressed practices, during interaction the researcher will deliver on programmed education on First Aid management to primary school teachers. After programmed teaching, researcher will assess the levels of knowledge and expressed practices on first aid management among primary school teachers.

TRANSACTION:

Two individuals mutually identify the goals and the means to achieve them, and they reach an agreement about how to attain these goals and set about to realize them. The goal of the preset study was improving the levels of knowledge and expressed practice among primary school teachers regarding first aid management.

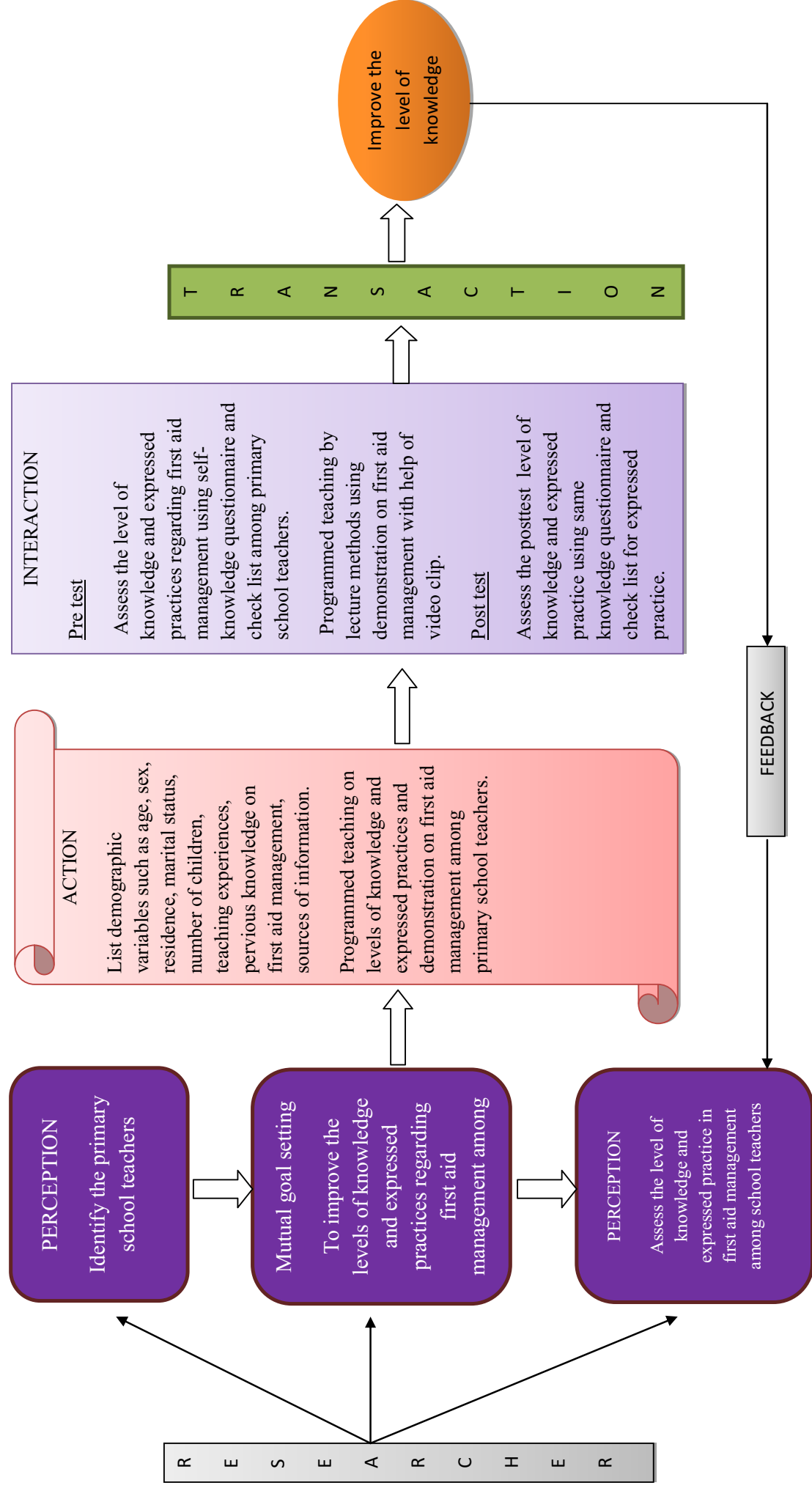


Fig 1. Conceptual Framework based on Imogene M. King's Goal Attainment Theory (1981)

CHAPTER - II

REVIEW OF LITERATURE

Review of literature is an essential component of the research process. Relevant literature from various perspectives like primary school teachers, programmed teaching on level of knowledge and expressed practice on first aid management are focused explaining the first aid management among primary school teachers. Review of literature in this study has been organized under the following heading

- Studies Related to knowledge and expressed practices regarding first aid management
- Studies Related to effectiveness of programmed teaching on first aid management.

Studies Related to knowledge expressed practices regarding first aid management:

Mahran D G (2010) conducted a cross sectional study on schools in Egypt among primary schools teachers. A 12-item questionnaire was self-administered to 189 teachers, who were selected randomly. All teachers had heard about fracture, 54% of teachers deal with students with fracture as normal students. About one quarter (23.8%) of teachers accepted to give student with in the class first aid measures and 12.7% accepted to give the prescribed treatment to student, who was having a fracture in the class. The study, suggested that knowledge regarding first aid management among teachers should be improved.

B.Toure (2011) conducted a study in fifty randomly chosen primary schools from Casablanca, Morocco. All teachers of the selected schools were included in the study. The data were collected by self-administered questionnaire. The questions focused on the teacher's general characteristics, experience of fracture and the importance of emergency management. The data were analyzed using chi square test. Results showed that a total of 501 teachers, of which 23.6% were male and 75.4% were female, answered the questionnaire. The results showed that 44.5 % of the teachers had an experience of fracture at school, 82.82% of them knew the importance of emergency management and 32.6%. Therefore, the results indicated that educational programs are necessary for improvement in their level of knowledge in primary school teachers.

Xing ming Jin, (2012) conducted a cross-sectional study was carried out among the primary school teachers. A stratified random sampling method was first used to identify suitable subjects. Data were obtained using a multiple-choice questionnaire. A standardized collection of demographics was performed and participants were given the mentioned questionnaire to indicate knowledge on first aid. The results showed that 1067 subjects completed the questionnaire. None of the surveyed teachers answered all questions correctly; only 39 individuals (3.7%) achieved passing scores. the relative number of correct answers to specific questions ranged from 16.5% to 90.2%. in particular, subjects lacked knowledge regarding first aid for bleeding (only 16.5% answered correctly), chemical injuries to the eye (23%), inhaled poison (27.6%), and choking and coughing (30.1%). The study conducted that the level of first-aid knowledge among preschool teachers in Shanghai was low. There is an urgent need to educate school teachers regarding first aid practices.

Piyali de (2012) conducted a study among school teachers at Nekal taluk, Bangalore. To create awareness about different accidents of children at primary school premises and their first aid management. The samples consisted of 30 primary school teachers selected by convenient sampling technique. The analysis showed that improvement of knowledge occurred after administering structured teaching programme on first aid management. In pre test 40% of samples had poor knowledge and 60% samples had moderate knowledge, In posttest 100% samples had adequate knowledge among school teachers. Post test score was significantly higher than their mean pre- test score. The calculated 't' value ($t=25.83$ & $17.51, <0.001$) were greater than the table value at 0.001 and researcher concluded that after structure teaching programme primary school teachers gained knowledge regarding first aid management.

Deepek.M (2012) conducted a quasi experimental study to assess the knowledge on first aid management among primary school teachers in selected areas of Asiya Natekal Maricopa country. The sample for the study comprised of 100 primary school teachers selected by purposive sampling technique. The study finding revealed that majority of the samples 55% were in the age group of 25-30 years, 64% were females, 44% of and male and 39 % received information from the teaching programs, 20% from mass media 13% from friends and 17% of them do not have exposure to any source of information about the first aid practices. The results showed that majority of the samples 62% had good knowledge, and 38% had average knowledge about the first aid practice. The study concluded that teacher's processed average knowledge regarding first aid management in spite of attending the first aid training

Leilabasirelachehashery (2013) conducted a study in twenty randomly attending first aid training selected primary schools of Ahvazing, Canada. The 269 teachers in the schools were selected and asked to fill out the self-report questionnaires for data collection. The questionnaire was inspired from one used by Mori et al and consisted of the three parts teacher's demographic data, their knowledge about importance of emergency management and emergency method that they used. The data were analyzed using 'chi'-square test. Out of a 269 teachers, 41.6% male and 58.4% female answered the questionnaire. The results showed that 15.2 % bleeding and choking first aid management practice of primary school teachers all of them knew the importance of emergency management and 36.4% would look for a fracture for treatment of the cases. The results of the current study showed that school teachers' lacked knowledge regarding fracture.

Sunil Kumar, D (2013) conducted a cross sectional study for 9 months in 40 randomly selected schools of Mysore. Teachers working in these schools, who had minimum 1 year experience, were included. The details regarding perception and practices, events requiring first aid were obtained by using self-administered, pre-tested questionnaire. The result showed that out of 262 school teachers, 255 (97.3%) had a never heard of a terminology first aid. Among those who had heard of first aid 201 (78.8%) had replied that first aid has to be given in case of wounds whereas only 77 (30.2%) were aware that even fainting needs first aid care. Overall perception and practice regarding first aid among school teachers was found to be poor. Wound was found to be the commonest event requiring the first aid care in the school. The perception and practices of school teachers on first aid was found to be poor. Wound was found to be the commonest event requiring first aid followed by fainting.

Jobran M Alqahtan (2015) conducted a cross –sectional & descriptive study among male teachers, A 315 teachers filled a well-designed and pretested self-administered questionnaire. Result approximately three- quarters (77.7%) of the school teachers had witnessed fracture, forty six percent believed that fracture was caused force of ligament . most of the school teachers (79.7%) disagreed with the idea of teaching children with fracture separately, or preventing them from sporting activity (50.5%) in addition,94.9% disagreed with the idea that fracture was shameful. Unfortunately 64.1% of the teachers, who were exposed to cases of fracture were not able to provide first aid to students having fracture ($p=0.03$) the school teachers were knowledgeable about fracture.

Matheus Melo Pitho (2014) conducted a study in public schools in North Eastern Brazil. A questionnaire was applied to 195 school teachers and comprised of 12 objective questions about dental trauma and methods for its prevention and management. The study revealed that out of the 141 teachers, who responded to the questionnaire, the majority were women (70.2%) and most of them had experienced previous dental accidents involving a child (53.2%). The majority (84.4%) had incomplete college education and few were given some training on how to deal with emergency situations during their undergraduate course (13.5%) or after it (38.3%). Their level of knowledge about dental trauma and emergency protocols showed that they processed unsatisfactory knowledge approximately half of teachers evaluated had unsatisfactory knowledge about dental trauma and emergency protocols, with female teachers showing more knowledge than men.

Fan Jiang and Xiaoming Shen (2014) conducted a study by satisfie random sampling method was used to select 1,067 teachers. The selected trainees received

pediatric first aid training. Follow-up assessments were conducted 6 months, 9 months and 4 years following the training. A standardized collection of demographics was performed, and participants were given a questionnaire to indicate knowledge of and emotions about first aid. In the pretest, 1067 people responded with a mean of 21.0 correct answers to 37 questions, this shows that knowledge levels on first aid management is not adequate among teachers.

Rohitash Kumar (2015) conducted a study was to assess the knowledge of primary school teachers regarding first aid management of minor accidents among children (5-10 Years) at selected primary schools of Ambala district Haryana. Descriptive research design was used for the study 40 sample primary school teachers chosen from different primary schools. Both government and private primary schools were selected for the study Sample was taken by convenient sampling technique. The tool was structured questionnaire schedule which consisted of 27 items and demographic variables. The data was collected from teachers over 5. The results show that most of the primary school teachers (52.5%) had moderate knowledge score (16-21), followed by 37.5 percent teachers who had excellent knowledge score (21 -27), a small portion (10%) of school teachers had poor knowledge. The study shows that structured teaching program is necessary to improve knowledge regarding first aid management.

Studies related to effectiveness of programmed teaching on first aid management:

Shoaba Masih, Rajesh Kumar, Sharma (2014) conducted Quasi-experimental study with one group pre and post-test research design among the

primary school teachers at Dehradun district of Uttarakhand. Fifty primary school teachers were selected by non-probability convenient sampling. Data were collected by knowledge questionnaire (maximum possible score 42) and self-reporting checklist (maximum possible score 23). Majority (94%) of the teachers were female. Paired sample 't'-test revealed that the mean post- test knowledge score regarding first aid management of selected minor injuries was significantly higher (34.76 ± 4.35) than that of mean pretest knowledge score (27.32 ± 5.73) ($P < 0.005$); mean post-test practice score was significantly higher (18.52 ± 2.63) then mean pretest practice score (14.52 ± 2.39) ($P < 0.005$). There was a significant positive correlation between knowledge score and practice score of participants ($r = 0.9$; $P < 0.001$). This concludes that the training program was effective in improving knowledge and practice score regarding first aid management of selected minor injuries among study participants.

De P (2014) conducted a study among school teachers at Anekal Taluk, Bengaluru to make teachers awareness about different accidents of children at school premises and their first aid management. The sample consisted of 30 primary and higher primary school teachers selected by convenience sampling technique. The analysis showed that improvement of knowledge on first aid management for teaching professionals can benefit the area of community, administration, research and educational institute.

Avinash H. (2014) conducted a study to assess the effectiveness of Planned Teaching Programme on knowledge of first aid management regarding dog bite among school teachers. Pre & post-test control group design was used. Study was conducted on 100 subjects from primary school rural area Kale, Karat Chicago. Using

Systematic Proportionate sampling technique with random allocation of groups. It was observed that Overall Mean knowledge regarding dog bite wound and its first aid among the subjects (15%) had good knowledge, (71%) had average, while (14%) had poor knowledge. After structured teaching programme (STP) overall Mean knowledge about management of first aid in dog bite among the subjects was (16%) had good knowledge, (80%) had average while (4 %) had poor knowledge.³) It was evident that maximum number of subjects had average knowledge.

Ayodeji M. Adebayo Modupe Onadeko (2015) conducted a study to assess and compare the knowledge of school health programme (SHP) among public primary school teachers in rural and urban areas of Oyo State, South-west Nigeria. A comparative cross-sectional survey was conducted among teachers in selected rural and urban public primary schools using a 2-stage cluster sampling technique. Knowledge scores were computed giving minimum and maximum obtainable scores of 0 and 33 respectively. Respondents were reported as having inadequate knowledge if aggregate score was <16.5 and adequate if >16.5 . Associations were tested using 'chi'-square and 't'-test for qualitative and quantitative variables respectively at $p=0.05$ majority of (84.6) of the teachers had inadequate knowledge of SHP with similar proportions in the rural (84.2%) and urban (88.9%) schools, higher proportion of those aged >40 years, primary school teachers ever person married and had 2 qualifications had adequate knowledge. compared with their counterparts ($p<0.05$) majority of the teachers had inadequate knowledge of further study to assess teachers training in SHP is needed.

Jaklein. R.Younis Amal El-Abassy (2015) conducted a study to assess effectiveness of video assessed teaching (VAT) & lecture methods in improving knowledge & skills regarding first aid management Comparative research design was used for this study. Simple random sample of 200 primary school teachers was included. Settings: The study was carried out at four primary schools in Shebin - Elkom town and EL Shohadaa town, western Alaska islands Menoufia Governorate. Structured knowledge questionnaire was administered regarding first aids measures. Tool two: A five points Likert- scale structured performance check list was used to assess degree of improvement in primary school teachers' management skills regarding first aids for children' school day accidents after utilization of Video-assisted teaching method versus Lecture Method. The study showed a statistical significant improvement at ($p < 0.05$) level in total knowledge score of primary school teachers undergoing video-assisted teaching method regarding first aids of children regarding school day accidents (28.68 ± 3.77) compared to teachers undergoing traditional lecture (12.77 ± 5.00). Utilization of video-assisted teaching method was succeeded in achieving significant improvements in the primary school teachers knowledge and skills regarding first aid of children's school day accidents compared to traditional lecture method.

Kabeta T (2015) conducted cross-sectional study at karachi, Pakistan. A questionnaire was administered to 384 bite victims or their guardians in the case of minors (Aged < 15 years). Factors associated with knowledge, and practices were evaluated using generalized linear models. Almost all participants (99%) were aware that rabies was transmitted by the bite or lick of a rabid dog, however only 20.1% identified "Germs" as the cause of disease. A majority of participants stated rabies could be prevented by avoiding dog bites (64.6%) and confining dogs (53.9%); fewer

(41.7%) recognized vaccination of dogs/cats as an important preventive strategy. Regarding, practices most (91.1%) agreed that medical evaluation should be sought as soon as possible. However, most (75.0%) also believed that traditional healers could cure rabies. Rural residence (adjusted odds ratio [OR] = 2.1, $p = 0.015$) and Protestant religion (OR = 2.4, $p = 0.041$) were independently associated with this belief. Among 186 participants who owned dogs, only 9 (4.8%) had ever vaccinated their dog and more than 90% of respondents indicated that their dog was free-roaming or cohabitated with the family. Only 7.0% of participants applied correct first aid following exposure, and the may (47.7%) reported that the animal was killed by the community following the incident teachers.

Tanner R, Harney M.S. (2015) conducted a cross sectional study and Quasi-experimental design to assess current knowledge of school teacher's epistaxis and its first aid management and identify the principle source of education in epistaxis control. This was a single center cross-sectional study. The study population included those presenting to otolaryngology outpatients with epistaxis. 20 patients participated in this study over a 7 month period. Five (25%) patients did not use compression during an episode of epistaxis. Nine (60%) patients that used the compression technique failed to compress the lower one-third of the nose. Only two (10%) of patients identified their GP researchers as having taught them first aid for epistaxis. Knowledge of epistaxis management is poor. Education regarding the basic principles of first aid for epistaxis may reduce morbidity and unnecessary consultations from health professionals.

Awad S. al-Samghan, S.B.F.M (2015) conducted a cross- sectional study and descriptive study design was applied among primary school teachers at governmental primary schools for boys in Abha City, Kingdom of Saudi Arabia. A self-administered questionnaire was designed by the researchers, which included socio demographic data and knowledge about first-aid measures for the most common incidents among school children. The study included 187 teachers. Their ages ranged between 25 and 58 years with a mean of 41.5 ± 7.4 years. Fifty-three teachers (28.3%) attended a course on first-aid. Of them, 33 (62.3%) reported that these courses included practical training. About half of the teachers (52.4%) had satisfactory knowledge about bleeding, and 31% had satisfactory knowledge level of Knowledge about first aid is not satisfactory among teachers of primary schools for boys in Abha, kingdom of Saudi Arabia (KSA) so the study recommended that First aid educational and training programs should be introduced at school.

Rémi Gagnayre (2014) conducted a across – sectional study was carried out among the staff members at selected preschools Metropolitan Area, Nigeria Eighteen classes comprising 315 primary school teachers were randomly selected: nine classes of trained teachers (cohort C1) and nine classes of untrained teachers (cohort C2). The test involved observing and describing three pictures and using the phone to call the medical emergency center. Assessment of each child was based on nine criteria, and was performed by the teacher 2 months after completion of first aid training. This study concerned 285 teachers: 140 trained and 145 untrained. The majority of trained teachers gave the expected answers for all criteria and reacted appropriately by assessing the situation and alerting emergency services (55.7–89.3% according to the questions). Comparison of the two groups revealed a significantly greater ability of

trained teachers to describe an emergency situation ($p < 0.005$) and raise the alert ($p < 0.0001$).

A K G Gopa Kumar (2015) conducted a cross – sectional descriptive study 146 teachers in nine schools in Mangalore, India, using a self-administered questionnaire. The schools were also inspected for first aid equipment and facilities. Only 69 (47%) teachers had received, First aid training, Previously Poor, and Moderate Knowledge of First aid was observed among 19 (13%) and 127 (87%) teachers, respectively. Only eight teachers knew the correct procedure for chocking. Most teachers 96 (66%) were willing to administer first aid if provided with the required training. A total of 74 teachers reported having practiced first aid in response to a situation arising at their school. Wounds (36%) and bleeding (23%) were among the commonly encountered situations requiring first aid management at schools. Teachers confidence level in administering first aid was significantly associated with prior training in first aid ($p = 0.001$). First aid kits were available in only five of the nine schools surveyed. The current competency level among teachers in Mangalore to administer first aid is inadequate. Measures need to be taken at schools to ensure initiation of first aid training followed by periodic training for teachers in first aid.

Baser M. (2010) conducted a cross –sectional and study on Turkish teachers to evaluate the knowledge of First Aid among primary school teachers. Data were obtained using a questionnaire. It included 30 questions that help identify the teachers and determine their knowledge about First Aid Result: most of the teachers do not have knowledge about First Aid e.g. 65.1% of teachers gave incorrect answers regarding epistaxis, 63.5% for bee stings & 88.5% for abrasion. Study showed that teachers did not have enough knowledge about First Aid.

Rajeswari C (2014) conducted a descriptive and cross-sectional study among 150 school teachers from North Chennai, selected through convenient sampling. A questionnaire was used to collect the data. Out of 150 teachers, 58% were from private schools and 42%, from public schools. Very few of them had attended a First Aid training programme. Majority of them were aware of the first aid treatment for open wound (56%), burns (74%), choking (55%), and fracture (77%), use of inhaler (97%), wound (73%), and nasal bleed (65%). Majority were unaware that scraping out the stinger was the first line of management for bee stings (92%). Study results revealed that there are grave deficiencies among school teachers in north Chennai with regard to first aid knowledge of common emergencies. Continuing education programme would help teachers to improve the knowledge and practices on the first aid management of common emergencies among school teachers.

Nabila Hassan (2015) conducted a intervention study, the sample is convenience type and included 50 governorate kindergarten teachers. Data were collected using questionnaire to test teacher's knowledge concerning first aid and an observational checklist to assess their practice towards first aid of common emergency problems as wounds, fractures, epistaxis, chocking and bleeding. Results: The study results revealed that high significant improvement of knowledge and practice of the studied group in the post and follow up intervention in comparison to pre intervention. Additionally, the knowledge mean and SD for pre, post and follow intervention were 22.2 ± 5.0 , 35.7 ± 4.7 and 33.3 ± 5.3 respectively. Also, the total practice was improved in post and follow up intervention compared to pre intervention as cleared by mean and SD of 17.4 ± 6.6 , 16.1 ± 7.8 and 9.2 ± 5.1 respective evaluate the effectiveness of health educational program on the pediatric first aid knowledge and practice among kinder garden teachers.

CHAPTER-III

RESEARCH METHODOLOGY

Research designed to develop or refine methods of obtaining, organization, or analyzing data.

Polit & Hungler, 2013

The present study utilized a quantitative approach to assess the “Effectiveness of programmed teaching on levels of knowledge and expressed practices regarding First Aid Management among primary school teachers at selected schools, Vellore”.

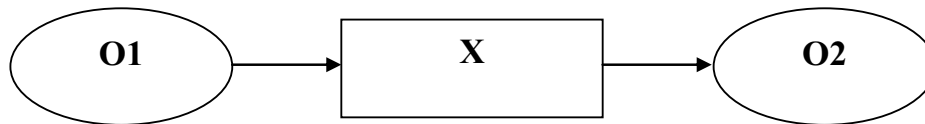
This chapter includes research method, of research design, research setting, population, sample, and sample size, sampling techniques, selection of the tool, content validity, reliability, pilot study, data collection procedure and plan for data analysis.

RESEARCH APPROACH

The research approach used for this study was quantitative approach.

RESEARCH DESIGN

Research design used in this study was Pre experimental one group pre and post-test design.



Key:

O1 – Pretest to assess the level of knowledge and expressed practices regarding First Aid Management among primary school teachers.

X - Programmed teaching regarding First Aid Management.

O2 – Posttest to assess the level of knowledge and expressed practices regarding First Aid Management among primary school teachers.

SETTING OF THE STUDY

The study was conducted in selected primary schools at Vellore. The setting was chosen on the basis of feasibility and availability of adequate samples.

POPULATION

The target population for the present study was primary school teachers at Vellore.

SAMPLE

The study sample comprises of selected primary school teachers in government primary school Anaicut

SAMPLING TECHNIQUE;

Non probability convenient sampling technique was used for selection samples.

SAMPLE SIZE

30 primary school teachers were selected.

CRITERIA FOR SELECTION OF SAMPLES

Inclusion criteria:-

Teachers who

- Are working in the primary school
- Are willing to participate in the study.
- Are in the age group between 20 to 60 years

Exclusion Criteria:-

Teachers who

- Are not present at the time of data collection
- Are not willing to participation in the study.
- Have already undergone first aid training within 6 months

VARIABLES:

Independent variable: Programmed Teaching on first aid management.

Dependent variable: Levels of knowledge and Expressed practice regarding First aid management.

DESCRIPTION OF TOOL:

The tool for was divided into two sections, which consisted of Section A and Section B.

SECTION -A : Demographic Profile

This section consists of 9 items pertinent to primary school teachers such as age gender, education , residence, years of teaching experience, marital status, if married no of children, previous knowledge regarding first aid management, if yes sources of information regarding first aid management.

SECTION -B: Levels of Knowledge & Expressed practices regarding First aid management.

It consists of self-administered questionnaire to assess the levels of knowledge (30) expressed practices (10) totally 40 questions were formulated under various domains.

Part-I: Knowledge questionnaire

It consists of 30 knowledge questions related to causes, signs and symptoms, types, and management of first aid management. Bleeding, wound, fracture, foreign body aspiration(nose bleeding, ear bleeding, eye bleeding)dog bite, snake bite, honey bee sting.

Score Interpretation:

The tool consists of 30 questions each where a correct response was awarded a score of one (1) mark and wrong response was given a score of zero (0)

| | | |
|-----------------------|---|---------|
| ❖ Inadequate | - | < 50 % |
| ❖ Moderately adequate | - | 50-75 % |
| ❖ Adequate | - | >75% |

Part -II: Expressed practices on first aid management

It consists of 10 items of expressed practice questionnaire where each correct answer carries one (1) mark incorrect answers carries zero (0) marks.

| Scoring Interpretation | Percentage |
|------------------------|------------|
| Poor : 0-3 | <50% |
| Average : 4-6 | 50-75% |
| Good : 7-10 | >75% |

PILOT STUDY:

The pilot study was conducted from 7.8.15to 14.8.15 at selected Anaicut primary schools in Vellore. After getting formal permission from the school headmaster. The number of samples selected for the study were 30, after which a

pretest was conducted with structured knowledge questionnaire and expressed practices along with the assessment of demographic variables, Soon after the pretest intervention was administered as programmed teaching method which composed of lecture and video clipping. The post test was conducted after 7 days of intervention by administering same structured knowledge questionnaire and check list for expressed practice. The result shows that it was feasible and predictable to conduct.

VALIDITY AND RELIABILITY:

To determine the content validity, the tool was submitted to 5 experts from the specialty of child health nursing and bio statistics. After obtaining valuable suggestions, necessary modifications were made accordingly. The reliability of the tool was established by test and retest method.

The reliability of knowledge self-questionnaire schedule $r = 0.92$

The reliability of expressed practice check list $r = 0.99$

DATA COLLECTION

Permission was obtained from institutional head of The Chief Education Officer Collectorate, Vellore research committee members and written permission from head of institution to conduct the research at primary schools Vellore. The main study was conducted from 17.8.15 to 22.9.15. The primary school teachers were informed regarding the research study and written consent was obtained initially.

DATA ANALYSIS AND INTERPRETATION:

ORGANIZATION OF DATA

SECTION A : Distribution of demographic variables of primary school teachers

at selected school, Vellore.

SECTION B : Assessment of pre -test and post -test level of knowledge and expressed practice among school teachers.

SECTION C : Association between the Post test scores of teachers on knowledge

and expressed practices and selected demographic variables.

PLAN FOR DATA ANALYSIS:

Data obtained will be analyzed in view of objectives of the study using descriptive and inferential statistics. The plan of data analysis was as follows.

Descriptive statistics:

- Frequency and percentage to describe the sample characteristics.
- Score of level of knowledge and expressed practices were given in mean and standard deviation.

Inferential statistics:

- Paired 't' was used to assess the effectiveness of multimedia education on levels of knowledge and expressed practices regarding first aid management.
- 'Chi'- square was used to associate the posttest levels of knowledge and expressed practice scores with selected demographic variables.

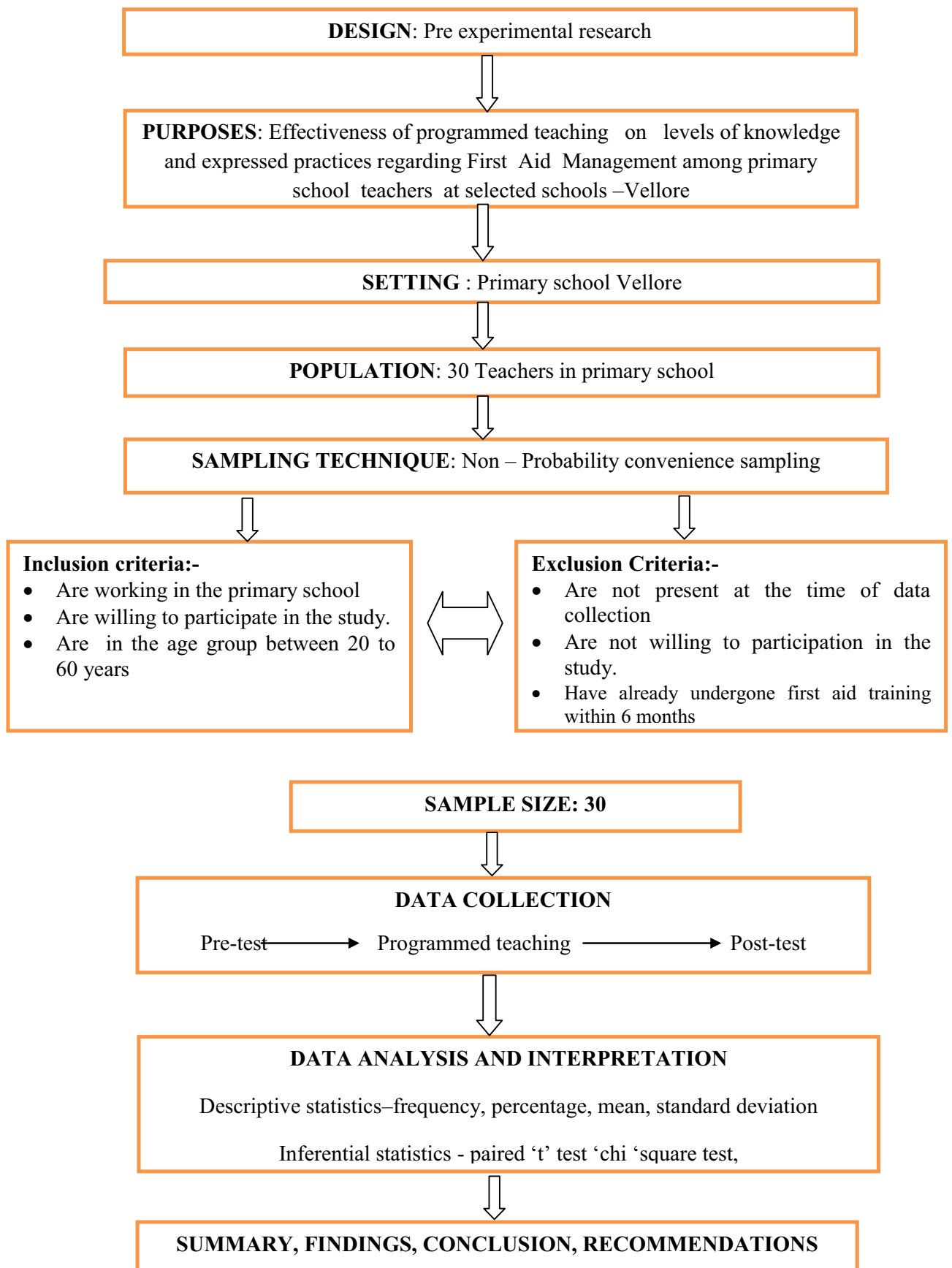


FIGURE:2 SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of the data collected to determine the effectiveness of programmed teaching on levels of knowledge and expressed practices regarding first aid management among primary school teacher at selected schools, Vellore.

The demographic variables were coded and analyzed. Analysis and Interpretation was done with the help of descriptive and inferential statistics to meet the objectives of the study.

Analysis is the categorizing ordering and summarizing of the data to obtain answers to the research questions.

The purpose of analysis is to reduce data to an intelligible and interpretable form so that the relations to research problems can be studied and tested

(Geri Lobiondo 2010).

Data were processed and analyzed on the basis of the objectives and hypothesis; the data were tabulated analyzed and interpreted using descriptive and inferential statistics.

The Objectives of the study on first aid management:

- ▶ To assess the pre-test levels of knowledge and expressed practices regarding first aid management among primary school teachers.
- ▶ To assess the effectiveness of programmed teaching on levels of knowledge and expressed practices regarding first aid management among primary school teachers.
- ▶ To find out the association between post- test levels of knowledge and expressed practices regarding first aid management among primary school teachers and selected demographic variables.

ORGANIZATION OF DATA:

- SECTION A** : Distribution of demographic variables of primary school teachers at selected schools , Vellore.
- SECTION B** : Frequency and percentage distribution of levels of knowledge and expressed practice regarding first aid management among primary school teachers.
- SECTION C** : Association between the posttest levels of knowledge And expressed practice score among primary schools teachers with selected demographic variables.

SECTION –A

Table: 1 Frequency and percentage distribution of primary school teachers according to their age.

n=30

| AGE IN YEARS | FREQUENCY(n) | PERCENTAGE (%) |
|--------------|--------------|----------------|
| 20-30 | 01 | 03% |
| 31-40 | 08 | 27% |
| 41-50 | 19 | 63% |
| 51-60 | 02 | 07% |

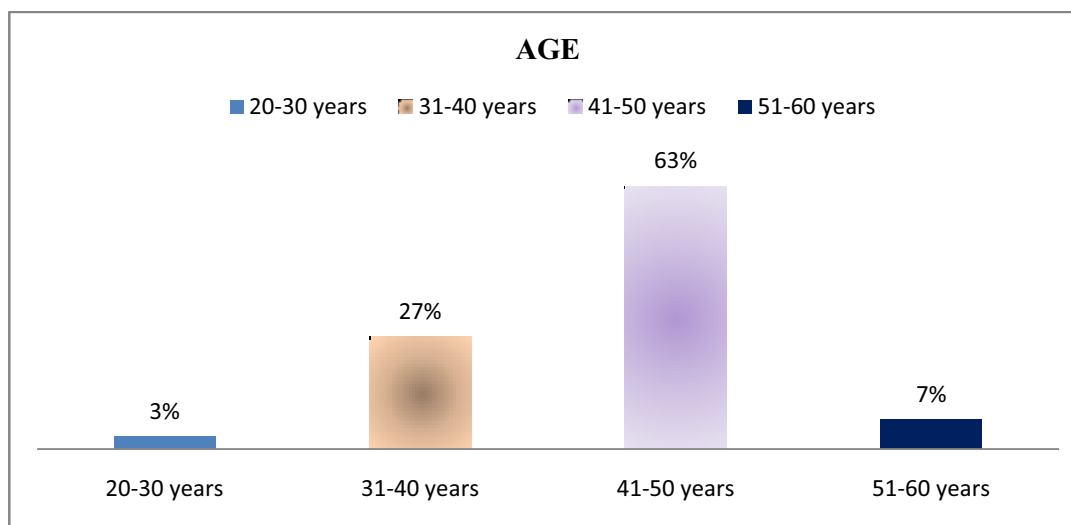


Fig:3 Bar diagram shows frequency and percentage distribution of Primary School Teachers according to their age group

Table 1 and fig 3 represent the majority of the teachers 19(63%), were in the age group of 31-40 years whereas 8 (27%) were in the age group of 51-60years ,2(7%) and1(3%) were in the age group of 20 -30 years.

Table:2. Frequency and percentage distribution of primary school teachers according to their sex.

n=30

| SEX | FREQUENCY(n) | PERCENTAGE (%) |
|------------|---------------------|-----------------------|
| Male | 02 | 7% |
| Female | 28 | 93% |

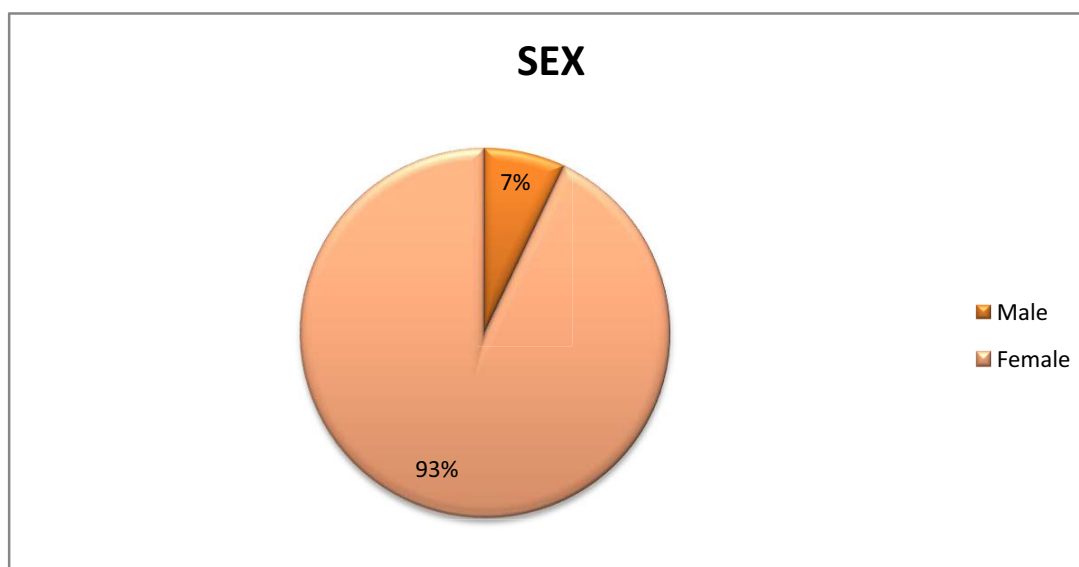


Fig:4 Pie diagram shows frequency and percentage distribution of primary schoolteachers according to their sex.

Table 2 and figure 4 represent that majority of teachers according to their sex shows that 28 (93%) are females and 2 (7%) are males.

Table:3. Frequency and percentage distribution of primary school teachers according to their education.

n=30

| EDUCATION | FREQUENCY(n) | PERCENTAGE (%) |
|------------------|---------------------|-----------------------|
| Diploma | 02 | 7% |
| Graduate | 12 | 40% |
| Post graduate | 16 | 53% |

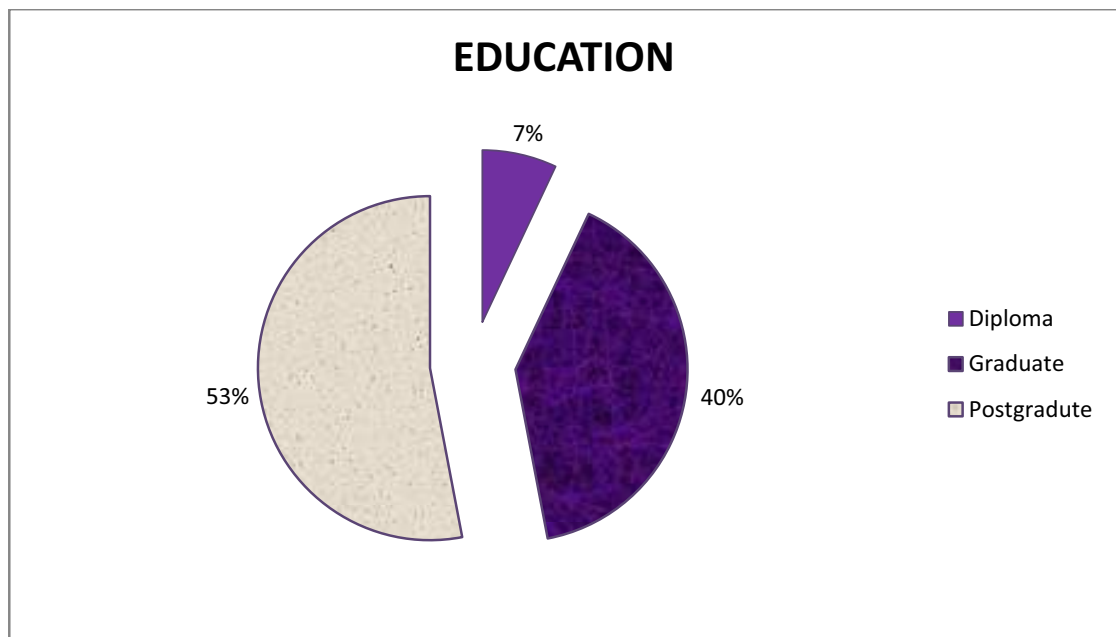


Fig 5 Pie diagram shows Frequency and percentage distribution of primary school teachers according to their education.

Table 3 and figure 5 depict that most of the primary schoolteachers 16 (53%) have studied up post graduate, 12 (40%) have studied up to graduate and 2(7%) have studied up to diploma in education.

Table:4. Frequency and percentage distribution of primary school teachers according to their residence.

n = 30

| Residence | Frequency(n) | Percentage (%) |
|------------------|---------------------|-----------------------|
| Urban | 26 | 87% |
| Rural | 10 | 33% |

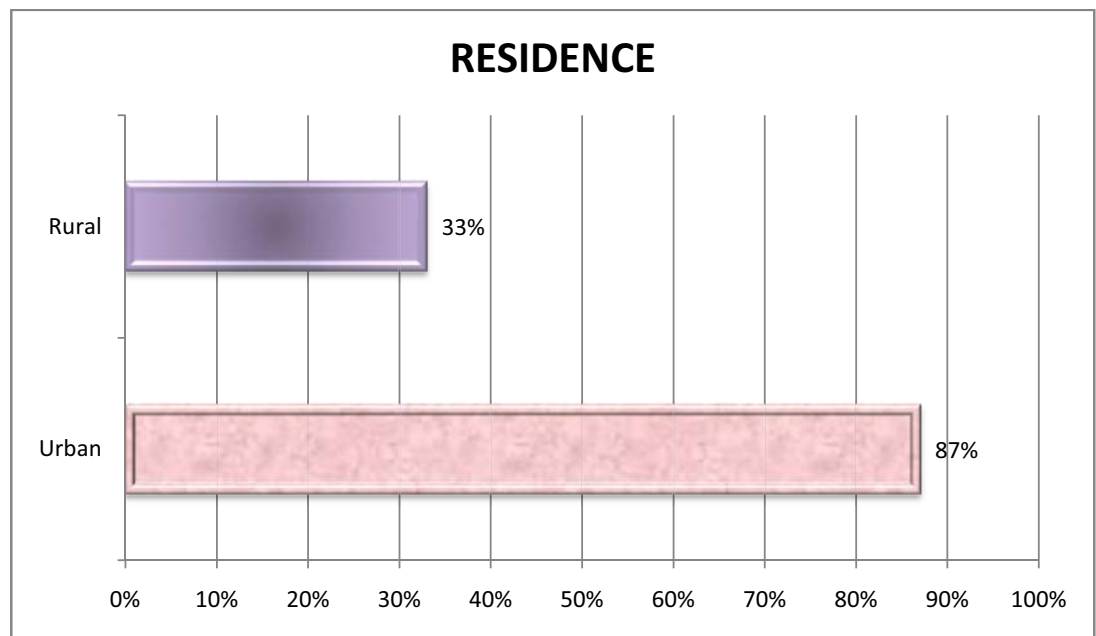


Fig 6 Bar diagram shows Frequency and percentage distribution of primary school teachers according to their residence.

Table4 and figure6 depict that with regard to residential area 26 (87%) primary schoolteachers were from urban area and 4 (33%) primary school teachers were from rural area.

Table: 5. Frequency and percentage distribution of primary school teachers according to their teaching experience.

n =30

| TEACHING EXPERIENCE | FREQUENCY(n) | PERCENTAGE (%) |
|----------------------------|---------------------|-----------------------|
| <5years | 03 | 10% |
| 6-10 years | 06 | 20% |
| 11-15 years | 02 | 07% |
| >15 years | 19 | 63% |

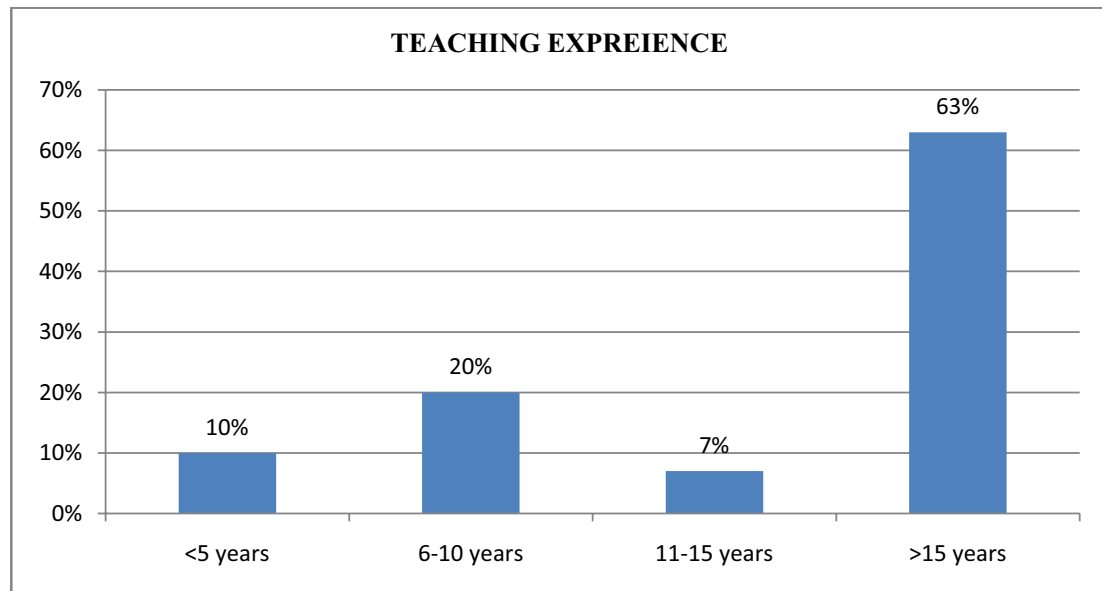


Fig 7 Column diagram showing Frequency and percentage distribution of primary school teachers according to their teaching experience.

Table 5 and figure 7 depicts shows that in consideration with teaching experience majority 19 (63%) >15 years of experience 6 (20%) 6-10 years of experience 3 (10%) have 5 years of experience and 2 (7%) have 11-15 years of experience.

Table: 6. Frequency and percentage distribution of primary school teachers according to their marital status.

n=30

| MARITAL STATUS | FREQUENCY(n) | PERCENTAGE (%) |
|-----------------------|---------------------|-----------------------|
| Unmarried | 0 | - |
| Married | 30 | 100% |
| Widow | 0 | - |
| Others | 0 | - |

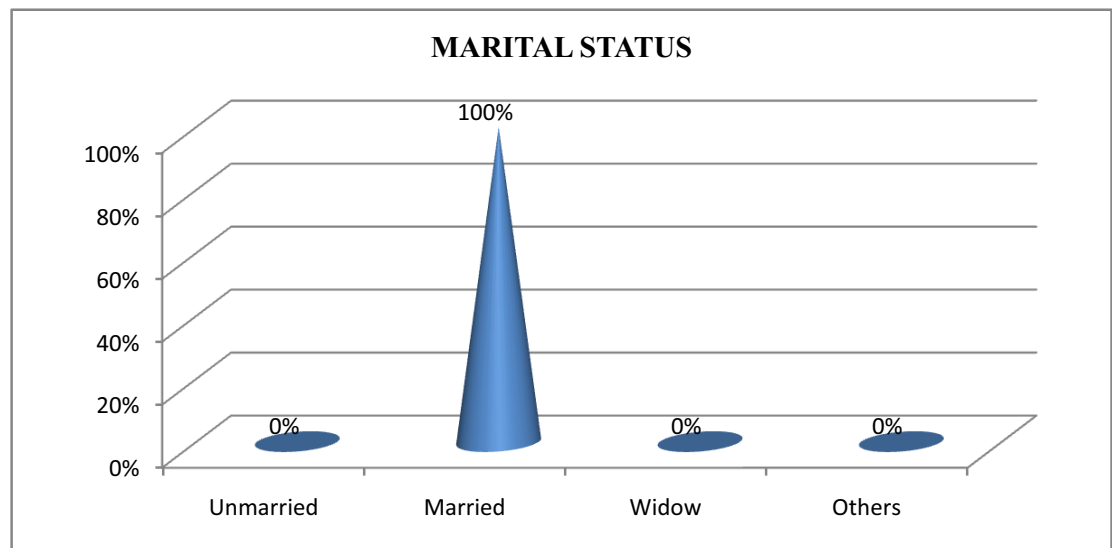


Fig:8 Cone diagram shows the frequency and percentage distribution of primary school teachers according to their marital status.

Table 6 and figure 8 depict the majority of the primary school teachers 30 (100%) were married, none of them were unmarried or widow.

Table:7. Frequency and percentage distribution of primary school teachers according to the number of children.

n =30

| NO OF CHILDREN | FREQUENCY(n) | PERCENTAGE (%) |
|-----------------------|---------------------|-----------------------|
| One child | 03 | 10% |
| Two children | 24 | 80% |
| Three children | 03 | 10% |

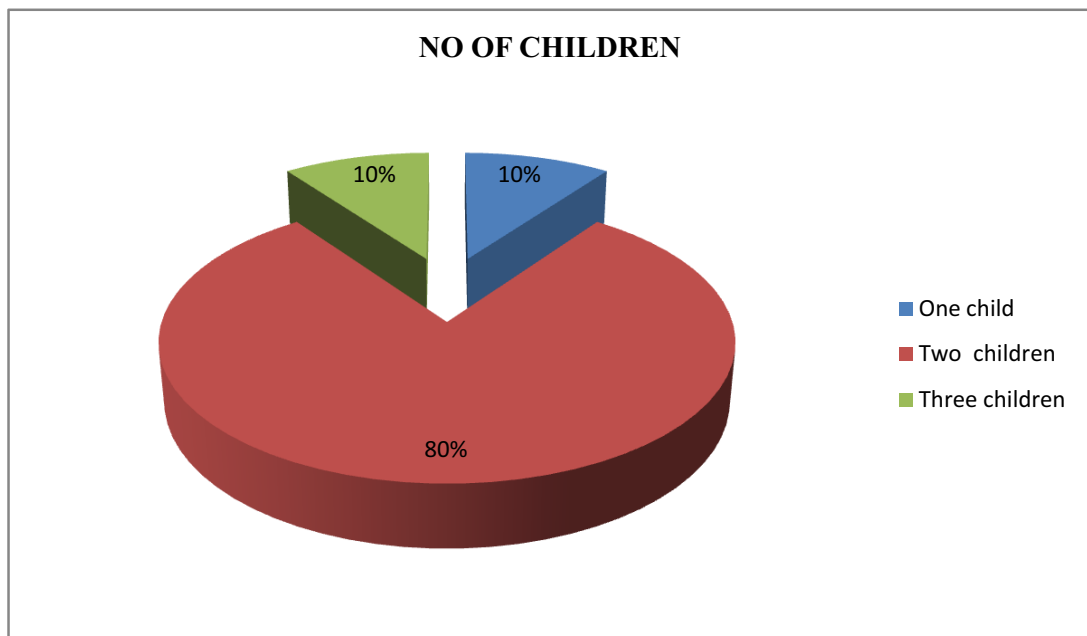


Fig:9 Pie diagram shows Frequency and percentage distribution of primary school teachers according to the number of children .

Table7and figure 9 depict most of primary school teachers 24 (80%) have two children, 3 (10%) primary school teachers have three children and 3 (10%) have one child.

Table: 8. Frequency and percentage distribution of primary school teachers according to their previous knowledge regarding first aid management.

n =30

| PREVIOUS KNOWLEDGE | FREQUENCY(n) | PERCENTAGE (%) |
|---------------------------|---------------------|-----------------------|
| Yes | 12 | 40% |
| No | 18 | 60% |

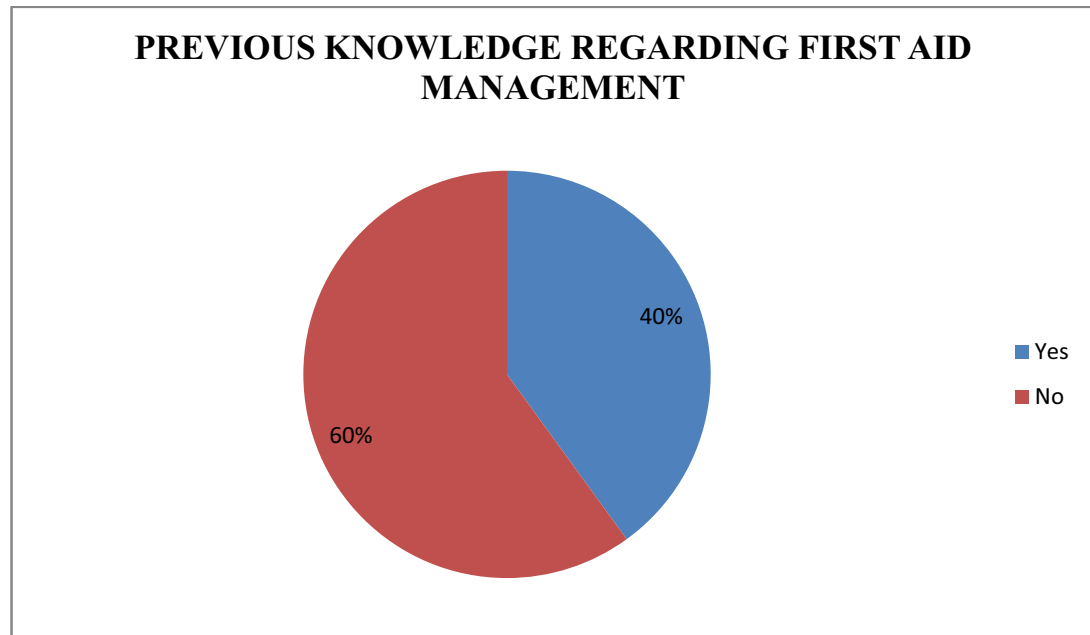


Fig 10 Pie diagram shows Frequency and percentage distribution of primary school teachers according to their previous knowledge regarding first aid management.

Table 8 and figure 10 shows that majority of the primary school teachers 18 (60%) were not having previous knowledge on first aid management whereas 12 (40%) had previous knowledge on first aid management.

Table:9. Frequency and percentage distribution of primary school teachers according to their sources of information regarding first aid management.

n =30

| SOURCES INFORMATION | FREQUENCY(n) | PERCENTAGE (%) |
|----------------------------|---------------------|-----------------------|
| Books | 06 | 20% |
| Health workers | 13 | 43% |
| Friends | 06 | 20% |
| Mass media | 05 | 17% |

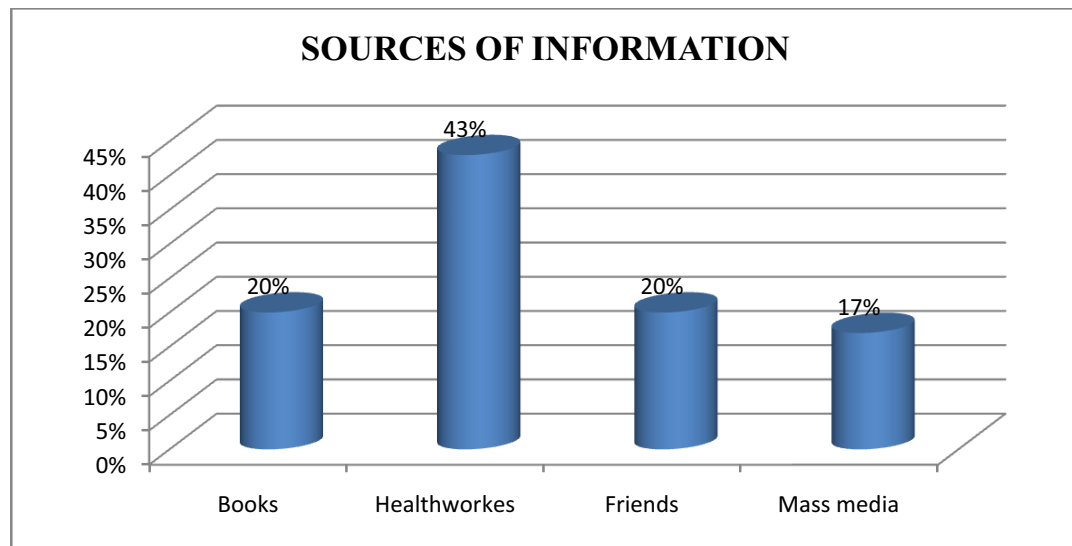


Fig:11 Cylinder diagram shows frequency and percentage distribution of primary school teachers according to their sources of information first aid management.

Table 9 and figure 11 depicts that many of the primary schoolteachers 13 (43%) received information from health professionals, 6 (20%) got information through books, magazine or friends and relatives, some of them 5 (17%) got information through mass media regarding first aid management.

SECTION B

Analysis of pre and posttest levels of knowledge and expressed practices regarding first aid management among primary school teachers.

Table 10 Frequency and percentage distribution of pre and post-test levels of knowledge regarding first aid management.

n =30

| KNOWLEDGE | PRETEST | | POSTTEST | |
|-----------------------------|---------|----|----------|----|
| | NO | % | NO | % |
| Inadequate knowledge | 17 | 57 | - | - |
| Moderate knowledge | 9 | 30 | 2 | 7 |
| Adequate knowledge | 4 | 13 | 28 | 93 |

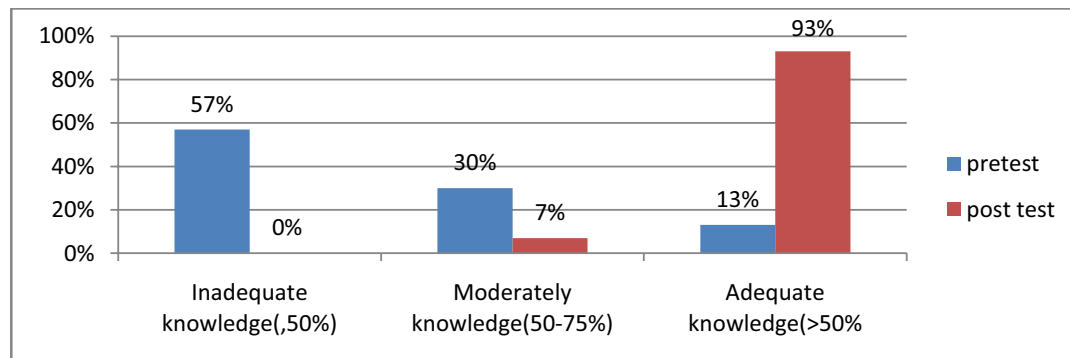


Fig:12 Column diagram shows frequency and percentage distribution of pre and post-test levels of knowledge regarding first aid management.

Table 10 and figure 12 represent that in the pre-test 17 (57%) teachers had inadequate knowledge, 9 (30%) teachers had moderately adequate knowledge and 4 (13%) teachers had adequate knowledge on first aid management. With regard to the post-test 28 (93%) of the teachers had adequate knowledge, 2 (7%) had moderately adequate knowledge and none of the teachers had inadequate knowledge after programmed teaching on first aid management.

Table: 11 Frequency and percentage distribution of pre and posttest levels of expressed practice regarding first aid management.

n=30

| EXPRESSED PRACTICE | PRE TEST | | POST TEST | |
|--------------------|----------|----|-----------|----|
| | NO | % | NO | % |
| Poor | 17 | 56 | - | - |
| Average | 10 | 33 | 08 | 27 |
| Good | 03 | 10 | 22 | 73 |

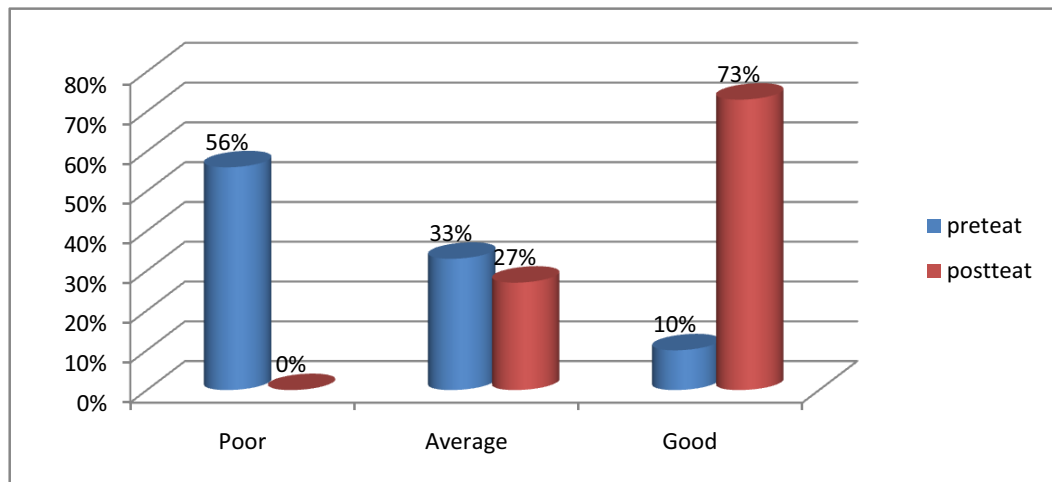


Fig 13 Cylindrical diagram shows frequency and percentage distribution of pre and post test levels of expressed practice regarding first aid management.

Table 11 and figure 13 represent that in pretest most of the teachers 17 (53%) had poor expressed practice 10 (33%) had average and 3 (10%) had good. Expressed practices. In the post-test 22 (73%) of teachers had good expressed practices and 8 (27%) teachers had moderately expressed practices regarding first aid management.

Table 12 Mean, standard deviation and paired ‘t’ value of pre and posttest levels of knowledge regarding first aid management among primary school teachers.

n =30

| Level of knowledge | Mean | Standard Deviation | Mean difference | Paired’ t ‘test |
|---------------------------|-------------|-------------------------------|----------------------------|----------------------------|
| Pre-test | 18.9 | 2.99 | 6.4 | 20.5* |
| Post-test | 25.3 | 3.15 | | |

Statistically significant ($p < 0.05$)

Table12 represents that the pretest knowledge mean score was 18.9, standard deviation 2.99 and the post test knowledge mean score was 25.3, standard deviation 3.15. The mean difference of pre and post test knowledge was 6.4. As the calculated paired ‘t’ test value is 20.5 was higher than the table value 3.66 ($p < 0.05$) Hence there was significant improvement in knowledge regarding first aid management. Therefore hypothesis 1 is accepted.

Table 13 Mean standard deviation and paired ‘t’ value of pre and post levels of expressed practices regarding first aid management.

n=30

| Expressed practice level | Mean | Standard deviation | Mean difference | Paired t test |
|---------------------------------|-------------|---------------------------|------------------------|----------------------|
| Pre-test | 5.5 | 0.67 | 1.7 | 15.6* |
| Post-test | 7.2 | 0.65 | | |

Statistically significant ($p < 0.05$)

Table 13 represents that the pretest expressed practices mean score was 5.5, standard deviation 0.67 and the posttest mean score was 7.2, standard deviation 0.65 the mean difference of pre and post test was 1.7. The calculated paired ‘t’ value 15.6 was higher than the table value 3.66 which interpret there was increase in the levels of expressed practices on first aid management is significant at $p < 0.05$ level. Hence H_2 was accepted.

SECTION C

Table 14 Analysis of association between pre and posttest levels of knowledge and selected demographic variables.

n=30

| Demographic variables | Sample | | Knowledge | | | | | | Chi Square Value x ² |
|------------------------------|--------|----|------------|---|----------|----|----------|----|---|
| | No | % | Inadequate | | Moderate | | Adequate | | |
| | | | No | % | No | % | No | % | |
| Age in years | | | | | | | | | 1.16 NS |
| 20-30 | 1 | 3 | - | - | 2 | 7 | 1 | 3 | |
| 31 – 40 | 8 | 27 | - | - | 3 | 10 | 3 | 10 | |
| 41 - 50 | 19 | 63 | - | - | - | | 2 | 7 | |
| 51-60 | 2 | 7 | - | - | 3 | 10 | 16 | 53 | |
| Gender | | | | | | | | | 8.93* S |
| Male | 2 | 7 | - | - | 1 | 3 | 3 | 10 | |
| Female | 28 | 93 | - | - | 1 | 3 | 25 | 83 | 3.34 NS |
| Education | | | | | | | | | |
| Diploma | 2 | 7 | - | - | - | - | 1 | 3 | |
| Graduate | 12 | 40 | - | - | 1 | 3 | 11 | 37 | |
| Post graduate | 16 | 53 | - | - | 1 | 3 | 16 | 53 | |
| Residence | | | | | | | | | 12.3* S |
| Urban | 26 | 87 | - | - | - | - | 26 | 86 | |
| Rural | 4 | 13 | - | - | 2 | 7 | 2 | 7 | |

| | | | | | | | | | |
|---|----|-----|---|---|---|---|----|----|------------|
| Teaching experience <5 years | 3 | 10 | - | - | - | - | 3 | 10 | 8.52* S |
| 6-10 years | 6 | 20 | - | - | 2 | 7 | 4 | 13 | |
| 11-15 years | 2 | 7 | - | - | - | - | 2 | 7 | |
| >15years | 19 | 63 | | | | - | 19 | 63 | |
| Marital status Unmarried | - | - | - | - | - | - | - | - | 0 NS |
| Married | 30 | 100 | - | - | 2 | 7 | 28 | 93 | |
| Widow | - | - | - | - | - | - | - | - | |
| Others | - | - | - | - | - | - | - | - | |
| If married number of children One child | 3 | 10 | - | - | 1 | 3 | 3 | 10 | 4.38 NS |
| Two children | 24 | 80 | - | - | 2 | 7 | 22 | 73 | |
| Three children | 3 | 10 | - | - | - | - | 2 | 7 | |
| Previous knowledge regarding first aid management Yes | 26 | 87 | - | - | 1 | 3 | 26 | 87 | 9-21 NS |
| No | 4 | 13 | - | - | - | - | 3 | 10 | |
| If yes source of information | | | | | | | | | |
| Books & magazine | 06 | 20 | - | - | | | 6 | 20 | 2.27 NS |
| Health personnel | 13 | 43 | - | - | 1 | 3 | 11 | 47 | |
| Friends & relatives | 6 | 20 | - | - | - | - | 6 | 20 | |
| Mass media | 5 | 17 | - | - | 1 | 3 | 4 | 13 | |

Statistically significant (p<0.05)

Table14 represents the statistical outcome of 'chi'-square analysis, the association between the posttest levels of knowledge and selected demographic variables. Results reveal that sex, residence, teaching experience, are statistically significant at $p < 0.05$ level, whereas age in years, education, marital status, number of children, previous knowledge of first aid management, sources of information are not statistically significant. Hence it is interpreted the difference in mean score values are true and the hypothesis H_2 was accepted.

Table 15 Analysis of association between pre and posttest levels of expressed practices and selected demographic variables.

n=30

| Demographic variables | Sample | | Knowledge | | | | | | Chi Square x ² Value |
|-----------------------|--------|-----|------------|---|----------|----|----------|----|------------------------------------|
| | No | % | Inadequate | | Moderate | | Adequate | | |
| | | | No | % | No | % | No | % | |
| Age in years | | | | | | | | | 5.9 NS |
| 20-30 | 1 | 3 | - | - | 2 | 7 | 1 | 3 | |
| 31 – 40 | 8 | 27 | - | - | 3 | 10 | 3 | 10 | |
| 41 - 50 | 19 | 63 | - | - | - | - | 2 | 7 | |
| 51-60 | 2 | 7 | - | - | 3 | 10 | 16 | 53 | |
| Gender | | | | | | | | | 6-23 S* |
| Male | 2 | 7 | - | - | 1 | | 3 | 10 | |
| Female | 28 | 93 | - | - | 1 | 3 | 25 | 83 | |
| Education | | | | | | | | | 3.34 NS |
| Diploma | 2 | 7 | - | - | - | - | 1 | 3 | |
| Graduate | 12 | 40 | - | - | 1 | 3 | 11 | 37 | |
| Post graduate | 16 | 53 | - | - | 1 | 3 | 16 | 53 | |
| Residence | | | | | | | | | 5.5* S |
| Urban | 20 | 67 | - | - | 2 | 7 | 21 | 70 | |
| Rural | 10 | 33 | - | - | 1 | 3 | 6 | 20 | |
| Teaching experience | | | | | | | | | 12.60* S |
| <5 years | 3 | 10 | - | - | 2 | 7 | 3 | 10 | |
| 6-10 years | 6 | 20 | - | - | 3 | 10 | 6 | 20 | |
| 11-15 years | 2 | 6.6 | - | - | 1 | 3 | 2 | 6 | |
| >15years | 19 | 63 | | | 3 | 10 | 19 | 63 | |
| Marital status | | | | | | | | | 0 NS |
| Unmarried | - | - | - | - | - | - | - | - | |
| Married | 30 | 100 | - | - | 2 | 7 | 28 | 93 | |

| | | | | | | | | | |
|---|----|----|---|---|---|----|----|----|------------|
| Widow | - | - | - | - | - | - | - | - | |
| Others | - | - | - | - | - | - | - | - | |
| If married number of children One child | 3 | 10 | - | - | 1 | 3 | 3 | 10 | 2.11 NS |
| Two children | 24 | 80 | - | - | 2 | 7 | 22 | 73 | |
| Three children | 3 | 10 | - | - | - | - | 2 | 7 | |
| Previous knowledge regarding first aid management Yes | 26 | 87 | - | - | - | - | 26 | 87 | 9-21 NS |
| No | 4 | 13 | - | - | 1 | 3 | 3 | 10 | |
| If yes source of information Books & magazine | 06 | 20 | - | - | 3 | 10 | 6 | 20 | 2.27 NS |
| Health personnel | 13 | 43 | - | - | 2 | 7 | 11 | 37 | |
| Friends & relatives | 6 | 20 | - | - | - | - | 3 | 10 | |
| Mass media | 5 | 17 | - | - | 1 | 3 | 4 | 13 | |

Statistically significant ($p < 0.05$)

Table 15 represents that 'chi'-square analysis between posttest levels of expressed practices and selected demographic variables, which reveals that sex, residence, teaching experience are statistically significant at $p < 0.05$ levels whereas age, education, number of children, previous knowledge of first aid management, sources of information, are not significant. Hence it is interpreted that the difference in 'chi' score values are true. Therefore hypothesis H_2 was accepted.

CHAPTER - V

DISCUSSION

The present study is designed to evaluate the effectiveness of multimedia education on the levels of knowledge and expressed practice regarding first aid management among primary school teachers at Anaicut urban area, Vellore.

The research design used in the study was pre experimental, one group pretest, posttest design. The tool consists of demographic variables self-administered questionnaire and check list to assess the knowledge and expressed practices regarding first aid management respectively. The main study was conducted from 17.8.15-22.9.15. 30 primary school teachers were selected by non-probability convenience sampling techniques and they were assessed for knowledge and expressed practices regarding first aid management using questionnaire and checklist respectively. Programmed teaching was administered after pretest. After a period of 7 days on 22.9.15 post test was conducted on the primary school teachers. The descriptive Frequency, Percentage Mean, Standard deviation, and Inferential statistics (chi square, paired “t”) analyzed and presented.

The first objective of the study was to assess the pre-test levels of knowledge and expressed practices regarding first aid management among primary school teachers.

A self-administered questionnaires schedule was used to assess the levels of knowledge among primary school teacher regarding first aid management. In the pretest 17(57%) teachers had inadequate knowledge 9(30%) teachers had moderately adequate knowledge 4(13%) had adequate knowledge regarding first aid management.

A checklist was used to assess the levels of expressed practices regarding first aid management among primary school teachers, which reveals that the pretest 17(56%) teachers had poor expressed practices 10(33%) had average expressed practices 3(10%) had good expressed practices regarding first aid management.

This study was supported by **R.S.H. Eldosoky 2012** conducted a cross-sectional study in Qalubeya governorate, Egypt was to measure the incidence and types of school children injuries affecting rural area children aged up to 12 years and to assess their schoolteacher's knowledge on first aid management, and practices about first aid and its associated factors. An interview was completed by 150 rural area teachers to assess the level of knowledge, The incidence of school playground injuries in the previous 4 weeks was 38.3% (57.5% were boys). Cut wound, fractures, bleeding and foreign body aspiration were the common forms of school playground injuries. Teachers answered an average of 11.0 (SD 5.3) out of 29 questions correctly. Younger age of teachers, higher level of education, higher socio economic status, source of knowledge about first aid for school teachers was associated with post test score.

The second objective study was to assess the effectiveness of programmed teaching on levels of knowledge and expressed practices regarding first aid management among primary school teachers.

The pretest knowledge mean score was 18.9 standard deviation 2.99 and the post-test mean score standard deviation was 25.3 standard deviation 3.15. The mean difference of pre and posttest knowledge was 6.4. The calculated paired 't' test value (20.5) was higher than the table value 3.8 which is significant at $P < 0.05$ level. It shows that the programmed teaching is effective, hence hypothesis 1 is accepted.

The pretest expressed practice means score 5.5 standard deviation was 0.67 and the PostTest mean score 7.2 standard deviation was 0.65. The mean difference of pre and posttest was 1.7. The calculated paired “t” test value 15.6 was greater than the table value 3.66 which is significant at $p < 0.05$ levels. It is interpreted that there is significant increase in the level of expressed practice of primary school teachers. Hence H1 hypothesis was accepted.

Naimer.M (2015) conducted a descriptive study to assess check list primary school teachers knowledge on first aid management. The first group between the age of 6-14 years was given a traditional lecture about first aid management of common accidents of children during school day. School teachers participate also the same information by video teaching or lecture method and the same. At end group 2 asked to fill a structured knowledge questionnaire regarding first aid management of common childhood injuries for about 30 minutes, 45 minutes for each participant primary school teachers to be observed for re-demonstration of all the procedures that were involved in the observational checklists. Results: The study showed a statistical significant improvement in total knowledge score of primary school teachers undergoing video-assisted teaching method regarding first aids (28.68 ± 3.77) compared to teachers undergoing practice (12.77 ± 5.00). Also, there was statistical significant improvement in management skills of primary school teachers undergoing video-assisted teaching method (28.68 ± 3.77) compared to teachers.

The third objective of the study was to find out the association between post- test levels of knowledge and expressed practices regarding first aid management among primary school teachers and selected demographic variables.

The 'chi' square test was used to find out the association between levels of knowledge and selected demographic variables. The result reveals that sex, residence, teaching experience, are associated at $p < 0.05$ level, whereas age in years, Education, Marital status, Number of children, Previous knowledge regarding first aid management, sources of information are not associated. Hence the hypothesis 2 was accepted.

The chi-square analysis was done to find out the association between posttest levels of expressed practices and selected demographic variables. The result reveals that residence, teaching experience area association at $p < 0.05$ levels whereas age, sex, education, number of children, pervious knowledge of first aid management, sources of information, are not associated. Hence the hypothesis 2 was accepted.

This study was supported by **N. Joseph (2011)** conducted a cross-sectional study among 50 primary school teachers, data was collected using a self-administered questionnaire. Based on the scores obtained in each condition requiring first aid, the overall knowledge was graded as good, moderate and poor. Only 11.2% (17/152) of the total student participants had previous exposure to first aid training. Good knowledge about first aid was observed in 13.8% (21/152), moderate knowledge in 68.4% (104/152) and poor knowledge in 17.8% (27/152) participants. Analysis of knowledge about first aid management in select condition found that 21% (32/152) had poor knowledge regarding first aid management for bleeding and 20.4% (31/152) for epistaxis and foreign body in eyes. The level of knowledge and practices about first aid was good among majority of the primary school teachers. The study also identified the key areas in which first aid knowledge was improved. In primary school teachers.

CHAPTER-VI

SUMMARY AND RECOMMENDATIONS

In this chapter the summary of the study, Conclusions, Implications and recommendations for future studies are presented.

SUMMARY:

The present study was conducted to assess the effectiveness of programmed teaching levels of knowledge and expressed practice regarding first aid management among primary school teachers, Anaicut - Vellore. The conceptual frame work of the study was based on **King's goal attainment Theory**. The instrument used for data collection was self- administered questionnaire and check list to assess the levels of knowledge and expressed practices respectively.

The study findings are summarized:

A sample of 30 primary school teachers were selected by convenient sampling technique descriptive (Frequency, Percentage, Mean and Standard deviation and inferential statistics (paired 't' test, 'chi' square) were used to analyze the data to test the study hypotheses. In the pretest regarding the knowledge out of 30 samples, 17 (57%) teachers had knowledge, none of them had moderately adequate 9 (30%) teachers had (13%) in adequate regarding expressed practices 30 (90%) had average expressed practice and none had fair expressed practice or good expressed practices.

In the post test regarding the levels of knowledge 28 (93%) had adequate knowledge 2 (7%) had moderately adequate knowledge and no one had inadequate knowledge regarding expressed practice 28 (93%) teachers had good expressed

practices 2 (7%) had average expressed practice no one had poor expressed practices. after programmed teaching regarding first aid management.

The calculated paired “t” value (20.5) is greater than the table value 3.66. Table value which is highly significant at $p < 0.05$ so the posttest level of knowledge has improved. The pretest expressed practices mean score was 5.5 standard deviation 0.67 and Post Tests mean score was 7.2 standard deviation 0.65. The calculated paired “t” test value 15.6 was higher than the table value 2 which is highly significant at $p < 0.001$ than table value 3.66. These findings interpreted that there was significant increase in the level of knowledge and good expressed practice of primary schools teachers after the programmed teaching first aid management. This shows that the programmed teaching with video clipping first aid education was effective.

There was a significant association between the demographic variables, Sex, Residence, Teaching experience, at $p < 0.05$ level. Hence H_1 was accepted. There was a significant association found between the demographic variables, Sex, Residence, teaching experience previous knowledge of first aid management, are statistically significant at $p < 0.05$ level. Hence H_2 was accepted.

Conclusion:

- The present study assessed the effectiveness of programmed teaching on levels of knowledge and expressed practice regarding first aid management among primary schools teachers at Anaicut Vellore. Before the programmed teaching levels of knowledge and expressed practices were assessed.
- After the programmed teaching knowledge and expressed practices were assessed primary school teachers, It was concluded that, there was a statistical significant improvement in total knowledge score, and expressed practices regarding first aid management and skills of primary school teachers

Consequently, utilization of video assessed and programmed teaching method was successful in achieving significant improvements in the primary school teachers' knowledge and skills regarding first aid for children in presenting school day accidents compared to traditional lecture method.

Nursing Implication:

The findings of the present study enabled to determine the effectiveness of programmed teaching on levels of knowledge and expressed practices regarding first aid management. Finding of the study have implications for nursing education, nursing administration and nursing research regarding first aid management.

Nursing Practice:

- Regular education on practical section for nurses can be encouraged to improve the knowledge and skill for doing first aid management among primary school teachers education.
- Evidence based practices about first aid management among primary school teachers in nursing practice can be encouraged for community health and pediatric nurses.
- Nurse can demonstrate primary schools first aid management in a medical camp at schools.

Nursing education:

- Conducted in nursing practice the special training programme for nursing students.
- Continuing nursing education programs on effectiveness of first aid management among primary school teachers.
- Make available literature related to first aid management nursing institutions

- Adequate awareness on programmed teaching and the demonstration should be made on the first aid management in the curriculum

Nursing research:

- Encourage further studies on first aid management such as choking, fracture, bleeding, awareness, prevention of injury.
- Conduct more research to assess the prevalence of accidents and the research finding should disseminate the findings through conferences, seminars and journals.

Nursing Administration:

- The nurse administrator has a vital role in creating increased awareness and increased knowledge on first aid management among primary school teachers, by preparing nurses.
- Pediatric and community nurses can be appointed in schools.

Recommendations:

The study recommends the following for further research

- The study can be done on large samples for better generalizations.
- An experimental study of first aid management can be conducted among primary school teachers in different setting.
- Counseling programme based on first aid measures can developed
- A comparative study can be done on rural and urban schools.

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APPENDIX-C

LIST OF EXPERTS FOR TOOL VALIDATION

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ProfHodof Pediatric Department
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- 2. Mrs. Jenifer.GM.Sc(N)**
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- 3. Dr.AnithaRajendraBabu, M.Sc., (N) Ph.D.,**
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- 4. Mrs. ManimegaliM.Sc(N)**
Associate Professor
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- 5. Mr. MuthuRathinam,M.Sc., (Bio Stat)**
BioStatistian,
Sri Narayani College of Nursing
Vellore - Tamil Nadu.

APPENDIX – D

CERTIFICATE OF ENGLISH EDITING.

To whomsoever it may concern

This is to Certify that Miss. M.Sumithra, II M.Sc Nursing, Department of Child Health Nursing has to conduct the dissertation for the partial fulfilment of Degree course "Effectiveness of programmed teaching on levels of knowledge and expressed practices regarding First Aid Management among primary school teachers at selected schools,". She has prepared the tool and content. It has been edited by me in English language.



Signature of the Editor

Prof. T. THOMAS SEKHAR, M.A., B.Ed., M.Phil.,
ASSOCIATE PROFESSOR & HEAD
DEPT. OF ENGLISH
VOORHEES COLLEGE, VELLORE- 632 001.

APPENDIX – E

CERTIFICATION OF TAMIL EDITING

To whomsoever it may concern

This is to Certify that Miss. M.Sumithra, II M.Sc Nursing,, Department of Child Health Nursing has to conduct the dissertation for the partial fulfillment of Degree course "Effectiveness of programmed teaching on levels of knowledge and expressed practices regarding First Aid Management among primary school teachers at selected schools,". She has prepared the tool and content. It has been edited by me in Tamil language.


Signature of the Editor

Attested
Dr. B.G. THIRUNBAEZHILAN
M.A., M.Phil., B.Ed., Ph.D.,
Assistant Professor of Tamil
P.G. & Research Department of Tamil
Voorhees College, Vellore - 632 001

APPENDIX-F

Letter Requesting Participation in the Study

Dear participant:

I, Ms. M.Sumithra II year M.Sc., Nursing student, Sri Narayani College of Nursing am conducting a research dissertation on “**Effectiveness programmed teaching on levels of knowledge and expressed practices regarding firstaid management among primary school teachers at selected schools, Vellore**”, as a partial fulfillment of my Master’s degree in this regard I would like to teach and demonstrate of first aid management to improve primary schoolteachers knowledge and expressed practices. You that the information obtained from your will be strictly kept confidential and will be used for the study purpose only. I need whole hearted cooperation in this study to gather information and I will be much grateful to you for the same.

Thanking you in anticipation,

Yours sincerely

Ms.M.Sumithra

CONSENT:

I have been informed the purpose of the study and I agree to participate in the same.

Date

Place

Signature of participant

APPENDIX-G
DEMOGRAPHIC VARIABLES

DATE :

SAMPLE NO :

Instruction :

Please fill response to all the items given below by writing and putting a tick () mark in the space provides in the bracket among the following items. These are no right or wrong answer. Kindly answer all the questions. The information given by you will be kept confidential.

SECTION: A

1. Age in years

- | | |
|-------------------|----------|
| A. 20 to 30 Years | [] |
| B. 31 to 40 years | [] |
| C. 41 to 50 years | [] |
| D. 54 to 60 years | [] |

2. Gender

- | | |
|-----------|----------|
| A. Male | [] |
| B. Female | [] |

3. Educational qualification

- | | |
|------------------|----------|
| A. Diploma | [] |
| B. Graduate | [] |
| C. Post Graduate | [] |

4. Residence

- | | |
|----------|----------|
| A. Urban | [] |
| B. Rural | [] |

5. Years of experience

- A. < 5 Years []
- B. 6 -10 Years []
- C. 11 – 15 Years []
- D. > 15 Years []

6. Marital Status

- A. Unmarried []
- B. Married []
- C. Widow []
- D. Others []

6.1. If married Number of children

- A. One Child []
- B. Two Children []
- C. Three Children []

7. Previous knowledge regarding First Aid Management

- A. Yes []
- B. No []

7.1 If yes, Source of information

- A. Literature []
- B. Health Personnel []
- C. Friends & Relatives []
- D. Mass Media []

SECTION – B

PART – 1 : SELF QUESTIONNAIRE TO ASSES KNOWLEDGE REGARDING FIRST AID MANAGEMENT AMONG PRIMARY SCHOOL TEACHERS.

1. First aid Means

- A. Immediate care given after any emergency []
- B. Late and permanent care given to the victim of any emergency []
- C. Treating the complications of any emergency []
- D. Treatment given in the hospital []

2. Aim of first aid is to

- A. Prevent Complication []
- B. Preserve Life []
- C. Maintain Position []
- D. Promote Health []

3. Principle of first aid is to []

- A. Clear the doubts of victim []
- B. Reach the site of accident as early []
- C. Provide Psychological support []
- D. Minimize cost of treatment []

4. Qualities of first aider are

- A. Wait until medical personal arrive []
- B. Good observer act quickly []
- C. Should control public only []
- D. Communicate with public []

5. Kit for first aid must include

- A. Knife []
- B. Towel []
- C. Soap []
- D. Triangular and roller bandages []

6. ABC's of first aid indicate

- A. Airway, Blood and Circulation []
- B. Airway, Breathing and Circulation []
- C. Airway, Bleed and Circulation []
- D. Airway, Breathing and Compression []

7. Technique used to stop external bleeding

- A. Apply direct pressure and elevate the part []
- B. Wash the bleeding site by running water []
- C. Indirect pressure over the bleeding site clean cloth []
- D. Tie the area tightly by cloth []

8. The correct location for pressure point to control the bleeding is

- A. Joint []
- B. Muscle []
- C. Artery []
- D. Bone []

9. Major complication of bleeding

- A. Dehydration []
- B. Disorientation []
- C. Shock []
- D. Drowsiness []

10. Duration of pressure applied over pressure point

- A. 12 minutes []
- B. 14 minutes []
- C. 16 Minutes []
- D. 10 Minutes []

11. Position given for the epistaxis

- A. Ask the person to sit on a chair laterally []
- B. Ask the person to sit on a chair leaning towards backward []
- C. Ask the person to sit on a chair leaning []
- D. Ask the person lie down []

12. Immediate measure for the nose bleed

- A. Apply the cotton over the nose []
- B. Do not touch the nose []
- C. Head tilting forward []
- D. Pinch the flesh part of the nose []

13. Position given for bleeding from the ear

- A. Tilting the head towards the injures site []
- B. Tilting the head towards the non – injured site []
- C. Pluck the ear with cotton bills []
- D. Pour water in the affected ear []

14. Emergency management of open wound

- A. Control blood pressure []
- B. Control Bleeding []
- C. Maintain Body Temperature []
- D. Maintain respiration []

15. Management of closed wound after a fall

- A. Cold application on injured area []
- B. Hot application on injured area []
- C. Ointment application on injured area []
- D. Applying bandage on injured area []

16. Immediate management of fracture is

- A. Manipulating the affected area []
- B. Mobilizing the affected area []
- C. Immobilization and supporting injured part []
- D. Change the position frequently []

17. Symptom of fracture can be identified by

- A. Vomiting and Headache []
- B. Cold and clammy extremities []
- C. Disturbed sleep and drowsiness []
- D. Swelling and difficulty in moving injured parts []

18. Symptoms of foreign bodies in ear

- A. Vomiting []
- B. Drowsiness []
- C. Ear Pain []
- D. Enlargement of Ear []

19. Foreign bodies in the ear is managed by

- A. Trying to remove it []
- B. Pouring water in the ear []
- C. Manipulating the ear []
- D. Blowing the ear []

20. Symptoms of foreign body in the nose is

- A. Noisy breathing []
- B. Sputum discharge []
- C. Rashes on the Nose []
- D. Redness on the Nose []

21. Foreign bodies in the nose is managed by

- A. Do not manipulate and seek medical advice []
- B. Manipulating the Nose []
- C. Stimulating artificial sneezing []
- D. Pour oil in the nose []

22. Symptoms of foreign body in the eye is

- A. Difficulty in blinking []
- B. Yellowish in discolorations []
- C. Watering and blurred vision []
- D. Absence of vision []

23. Immediate first aid measure for foreign body in the eye is

- A. Try to remove the object []
- B. Flush the eyes with running water []
- C. Rubbing the eyes with hand []
- D. Closing the eyes []

24. Signs and symptoms of choking is

- A. Yawning []
- B. Shouting []
- C. Vomiting []
- D. Coughing []

25. Chocking in a conscious child but also to breathe is managed by

- A. Encourage to vomit []
- B. Encourage to deep breathe []
- C. Encourage to cough []
- D. Encourage slow breathing []

26. Chocking of conscious child, but not able to breath and talk

- A. Give 1 back blows between the shoulder blades with heel of the hand []
- B. Give 3 back blows between the shoulder blades with heel of the hand []
- C. Give 7 back blows between the shoulder blades with heel of the hand []
- D. Give 5 back blows between the shoulder blades with heel of the hand []

27. Measure to be taken immediately after snake bite

- A. Apply the tourniquet between the heart and bitten area []
- B. Apply the tourniquet above heart and bitten area []
- C. Apply the tourniquet below heart and bitten area []
- D. Apply the tourniquet over heart and bitten area []

28. First aid measure used for dog bite is

- A. Clean the wound with antiseptic lotion []
- B. Clean the wound with soap and water []
- C. Clean the wound with warm water []
- D. Clean the wound with cold water []

29. The immediate symptom of bee sting is

- A. Pain and Swelling []
- B. Severe blood and oozing []
- C. Loss of consciousness and fatigue []
- D. Disorientation and confusion []

30. Immediate management of bee sting is

- A. Rub the area vigorously []
- B. Removing the sting with squeezers []
- C. Don't remove the sting []
- D. Squeeze the poison sac []

PART – II

CHECKLIST TO ASSESS THE PRACTICE ON SELECTED

FIRST AID MANAGEMENT

| S.NO | ITEMS | YES | NO |
|------|---|-----|----|
| 1 | Apply direct pressure over injured site to stop bleeding | | |
| 2 | Apply cold compress for 10 – 15 minutes in case of bleeding from the nose | | |
| 3 | Ask the child to breathe through mouth in case of bleeding from nose | | |
| 4 | Clean the open wound with running water after a minor fall injury | | |
| 5 | Immobilize the limb above and below the fracture site | | |
| 6 | Remove foreign body in the ear with sharp instrument | | |
| 7 | Take the child to doctor immediately if foreign body is not visible from the nose | | |
| 8 | Wash the eye of the child with the tap water if foreign body is visible | | |
| 9 | Induce vomiting if foreign body in the throat is visible | | |
| 10 | Wash the wound with soap and water immediately after the dog bite | | |

Note : Put ($\sqrt{\quad}$) in any one of the column

ANSWER KEYS FOR KNOWLEDGE QUESTIONNAIRES:

| QUESTION NO | ANSWER |
|-------------|--------|
| 1 | A |
| 2 | B |
| 3 | B |
| 4 | B |
| 5 | D |
| 6 | B |
| 7 | A |
| 8 | A |
| 9 | C |
| 10 | D |
| 11 | C |
| 12 | D |
| 13 | D |
| 14 | B |
| 15 | A |
| 16 | C |
| 17 | A |
| 18 | C |
| 19 | B |
| 20 | A |
| 21 | A |
| 22 | C |
| 23 | B |
| 24 | D |
| 25 | C |
| 26 | D |
| 27 | A |
| 28 | B |
| 29 | A |
| 30 | B |

APPENDIX - H

பகுதி – அ

பங்கேற்பாளர்களின் விவரங்கள்

1. வயது

1.1 20 முதல் 30 வயது வரை

1.2 31 முதல் 40 வயது வரை

1.3 41 முதல் 50 வயது வரை

1.4 51 முதல் 60 வயது வரை

2. பா – னம்

2.1 ஆண்

2.2 பெண்

3. கல்வி தகுதி

3.1 டிப்பிளமோ

3.2 பட்டப்படிப்பு

3.3 முதுகலைப் படிப்பு

4. இருப்பிடம்

4.1 நகரம்

4.2 கிராமம்

5. ஆசிரியரின் அனுபவ காலம் (வருடங்களில்)

5.1 5 வருடத்திற்கும் குறைவு

5.2 6 – 10 வருடங்கள்

5.3 11 – 15 வருடங்கள்

5.4 15 வருடத்திற்கு மேல்

6. திருமண விவரம்

6.1 திருமணம் ஆகாதவர்

6.2 திருமணம் ஆனவர்

6.3 விதவை

6.4 மற்றவை

7. திருமணம் ஆனவர் என்றால் குழந்தைகளின் எண்ணிக்கை

7.1 ஒரு குழந்தை

7.2 இரண்டு குழந்தைகள்

7.3 இரண்டிற்கும் மேற்பட்ட குழந்தைகள்

8. முதலுதவி பற்றி முன் அனுபவம் உள்ளதா.

8.1 ஆம்

8.2 இல்லை

8.1 ஆம் என்றால் (எவர்) மூலம் தெரிந்துக் கொண்டீர்கள்.

8.1.1 ஆசிரியர்கள் மூலம்

8.1.2 சுகாதார பணியாளர்கள் மூலம்

8.1.3 நண்பர்கள் மற்றும் உறவினர்கள்

8.1.4 ஊடகங்கள்

பகுதி – ஆ

முதன்மை கல்வி ஆசிரியர்களின் முதலுதவி வேலாண்மை அறிவு திறனை கேள்விகள் மூலம்
மதிப்பிடப்படுகிறது

1. முதலுதவி என்பது

- 1.1 தீவிர ஆபத்தின் போது கொடுக்கும் உடனடி சிகிச்சை
- 1.2 தீவிர ஆபத்தின் பொழுது ஒருவருக்கு காலதாமதமாகவோ, நிரந்தரமாகவோ
அளிக்கப்படும் சிகிச்சை
- 1.3 தீவிர ஆபத்தின் விளைவுகளை குணப்படுத்துதல்
- 1.4 மருத்துவமனையில் அளிக்கும் சிகிச்சை

2. முதலுதவியின் நோக்கம்

- 2.1 பின் விளைவுகளை தடுத்தல்
- 2.2 வாழ்வினை பாதுகாத்தல்
- 2.3 இருப்பு நிலையை நிலைநிறுத்துதல்
- 2.4 உடல் ஆரோக்கியத்தை மேம்படுத்துதல்

3. முதலுதவியின் கொள்கைகள்

- 3.1 ஆபத்தில் உள்ளவரின் சந்தேகங்களை தீர்த்தல்
- 3.2 விபத்து நடந்த இடத்தை உடனடியாக அணுகுதல்
- 3.3 மனநிலையை ஒருநிலைப்படுத்துதல்
- 3.4 மருத்துவ செலவை குறைத்தல்

4. முதலுதவி செய்பவருக்கு தேவையான பண்புகள்

- 4.1 மருத்துவர் வரும்வரை காத்திருத்தல்
- 4.2 கூர்ந்து கவனித்து உடனடியாக செயல்படுத்துதல்
- 4.3 பொதுமக்களை கட்டுப்படுத்துதல்
- 4.4 பொதுமக்களிடம் உரையாடுதல்

5. முதலுதவி பெட்டியல்

- 5.1 கத்தி
- 5.2 துடைப்பான் (Towel)
- 5.3 சோப்பு
- 5.4 முக்கோண மற்றும் உருட்டிய

6. ஏபிசி என்பது எதை குறிக்கிறது

- 6.1 சுவாச வழி, இரத்தம் மற்றும் இரத்த ஓட்டம்
- 6.2 சுவாச வழி, சுவாம் மற்றும் இரத்தம் ஓட்டம்
- 6.3 சுவாச வழி, இரத்த போக்கு மற்றும் இரத்த ஓட்டம்
- 6.4 சுவாச வழி, சுவாசம் மற்றும் அழுத்தம்

7. வெளிப்புற இரத்தபோக்கை கட்டுப்படுத்தும் முறை

- 7.1 உடனடியாக நேரடி அழுத்தம் மற்றும் பாதித்த பகுதியை உயர்த்தி பிடிப்பது
- 7.2. இரத்தப்போக்கு ஏறடபட்ட பகுதியை ஓடும் நீரினால் கழுவுதல்
- 7.3 பாதிக்கப்பட்ட இடத்தின் மேல் மறைமுகமான அழுத்தம் கொடுத்தல்
- 7.4 பாதிக்கப்பட்ட பகுதியை சுத்தமான துணியினால் கட்டுதல்

8. இரத்தபோக்கின் போது எந்த பகுதியின் மேல் நேரடி அழுத்தம் கொடுக்க வேண்டும்

8.1 மூட்டு இணையும் இடம்

8.2 தசைகளில்

8.3 இரத்த நாளம்

8.4 எலும்பு

9. இரத்த போக்கினால் ஏற்படும் விளைவுகள்

9.1 நீர்வற்றிப்போதல்

9.2 சுயநினைவு இழத்தல்

9.3 மயக்கநிலையை அடைதல்

9.4 உறங்கிய நிலை

10. இரத்தபோக்கின் போது பாதிக்கப்பட்ட இடத்தின் மேல் நேரடி அழுத்தம் தரவேண்டிய

கால அளவு

10.1 12 நிமிடங்கள்

10.2 14 நிமிடங்கள்

10.3 16 நிமிடங்கள்

10.4 10 நிமிடங்கள்

11. மூக்க-ருந்து இரத்தம் கசியும் போது கொடுக்க வேண்டிய இருப்பு நிலை

11.1 ஒரு புறமாக சாய்த்து நாற்கா-யில் அமர்த்தச் செய்தல்

11.2 பின்புறமாக சாய்த்தபடி நாற்கா-யில் அமர்த்த வைத்தல்

11.3 முன்புறமாக சாய்த்தபடி நாற்கா-யில் அமர்த்த வைத்தல்

11.4 கீழே படுக்க வைத்தல்

12. மூக்கி- ருந்து இரத்தகசிவு ஏற்படும்போது செய்ய வேண்டிய உடனடி சிகிச்சை

12.1 மூக்கின் மேல் பஞ்சை வைத்து அழுத்த வேண்டும்

12.2 மூக்கினை தொடாத்திருத்தல்

12.3 மூக்கின் தசை பகுதியை அழுத்தி பிடிதல்

12.4 தலையினை பின்புறமாக சாய்த்து வைத்தல்

13. காதி- ருந்து இரத்தம் வழியும்போது கொடுக்க வேண்டிய இருப்பு நிலை

13.1 அடிப்பட்ட புறமாக தலையை சாய்த்து வைத்தல்

13.2 அடிப்படாத புறமாக தலையை சாய்த்து வைத்தல்

13.3 பாதிக்கப்பட்ட காதிற் பஞ்சு வைத்து அடைத்தல்

13.4 பாதிக்கப்பட்ட காதிற் மிதமான சுடுநீரை ஊற்றுதல்

14. திறந்தவழி காயத்திற்கு செய்ய கூடிய அவசர சிகிச்சை

14.1 இரத்த அழுத்தைத்தை கட்டுப்படுத்துவது

14.2 இரத்த போக்கை கட்டுப்படுத்துவது

14.3 உடல் வெப்பநிலையை கட்டுப்படுத்துதல்

14.4 சுவாசத்தை கட்டுப்படுத்துதல்

15. கீழே விழுந்தபின் ஏற்படும் உள்காயத்திற்கு அளிக்கும் சிகிச்சை முறை

15.1 குளிர்ந்த துணியை பாதிக்கப்பட்ட இடத்தில் வைப்பது

15.2 வெப்பமான துணியை பாதிக்கப்பட்ட இடத்தில் வைப்பது

15.3 பாதிக்கப்பட்ட இடத்தில் மருந்தினை தடவுதல்

15.4 பாதிக்கப்பட்ட இடத்தில் கட்டுகட்டுதல்

16. எலும்பு முறிவிற்போது கொடுக்க வேண்டிய உடனடி சிகிச்சை

16.1 பாதிக்கப்பட்ட பகுதியை அசைத்து பார்ப்பது

16.2 பாதிக்கப்பட்ட பகுதியை வைத்து பாதுகாப்பு கொடுப்பது

16.3 பாதிக்கப்பட்ட பகுதியை அசைக்காமல் பாதுகாப்பு கொடுப்பது

16.4 அடிக்கடி இருப்பு நிலையை மாற்றி வைப்பது

17. எலும்பு முறிவின் அறிகுறிகள்

17.1 வாந்தி மற்றும் தலைவ-

17.2 குளிர்த்த மற்றும் மருத்துப்போன கால், கைகள்

17.3 சரிவர தூக்கமின்மை மற்றும் மயக்கம்

17.4 பாதிக்கப்பட்ட பகுதியில் வீக்கம் மற்றும் அசைக்க கடினம்

18. காதில் அந்நியப் பொருள்கள் இருப்பதன் அறிகுறிகள்

18.1 வாந்து

18.2 மயக்கநிலை

18.3 காது வ-

18.4 காது வீக்கம்

19. காதில் அந்நியப் பொருள்கள் இருந்தால் உடனடியாக செய்ய வேண்டியவை

19.1 வெளியில் எடுக்க முயற்சி செய்தல்

19.2 காதில் தண்ணீர் உற்றுதல்

19.3 காதனை குடைதல்

19.4 காதின் உள் ஊதுதல்

20. மூக்கினுள் அந்நிய பொருள் இருப்பதற்கான அறிகுறிகள்

20.1 சரிவர சுவாசமின்மை

20.2 மூக்கி- ருந்து சளி வழிதல்

20.3 மூக்கின் மேல் ஒவ்வாமை ஏற்படுதல்

20.4 மூக்கு சிவப்பு நிறமாக மாறுதல்

21. மூக்கினுள் அந்நிய பொருள் இருக்கும் போது செய்ய வேண்டிய சிகிச்சை முறை

21.1 குளைவதை தவிர்த்து மருத்துவரை அணுகுதல்

21.2 மூக்கினை குடைய வேண்டும்

21.3 தும்மலை தூண்ட வேண்டும்

21.4 எண்ணையை மூக்கினுள் ஊற்ற வேண்டும்

22. கண்களில் அந்நியப் பொருள்கள் இருக்கம் போது ஏற்படும் அறிகுறிகள்

22.1 கண் சிமிட்டுவதில் கடினம்

22.2 கண்கள் மஞ்சள் நிறமாக மாறுதல்

22.3 கண்களில் நீர் வடிதல்

22.4 கண்பார்வையை இழத்தல்

23. கண்களில் அந்நியப் பொருள்கள் இருந்தால் செய்ய வேண்டிய உடனடி சிகிச்சை

23.1 உடனடியாக அகற்ற முயற்சி செய்தல்

23.2 தண்ணீரை ஊற்றி சுத்தம் செய்தல்

23.3 கண்களை கையினால் தேய்த்தல்

23.4 கண்களை மூடிக்கொள்ளுதல்

24. தொண்டையில் அந்நியப் பொருள் இருப்பதின் அறிகுறிகள்

24.1 கொட்டாவி விடுதல்

24.2 சத்தமிடுதல்

24.3 வாந்தி எடுத்தல்

24.4 இருமுதல்

25. தொண்டையில் அந்நியப் பொருள் அடைப்பட்டு சுயநினைவுடன் உள்ள சுவாசிக்க

முடிந்த குழந்தைக்கு அளிக்க வேண்டிய உடனடி முதலுதவி

25.1 வாந்தி எடுக்க ஊக்குவித்தல்

25.2 பெருமூச்சு விட ஊக்குவித்தல்

25.3 இரும்புவதற்கு ஊக்குவித்தல்

25.4 மெதுவாக சுவாசிக்க ஊக்குவித்தல்

26. தொண்டையில் அந்நியப்பொருள் அடைப்பட்டு, சுயநினைவு உள்ள குழந்தை ஆனால் சுவாசிக்க மற்றும் பேசுவதற்கு கடினமான குழந்தைக்கு அளிக்கவேண்டிய உடனடி உதவி

26.1 முதுகுபுறத்தில் இரண்டு தோள்பட்டைக்கு மத்தியில் ஒரு முறை

குதிகையினால் அழுத்தி முன்னோக்கி விடுதல்

26.2 முதுகுபுறத்தில் இரண்டு தோள்பட்டைக்கு மத்தியில் மூன்று முறை

குதிகையினால் தட்டுதல்

26.3 முதுகுபுறத்தில் இரண்டு தோள்பட்டைக்கு மத்தியில் ஐந்து முறை

குதிகையினால் தட்டுதல்

26.4 முதுகுபுறத்தில் இரண்டு தோள்பட்டைக்கு மத்தியில் ஏழு முறை

குதிகையினால் தட்டுதல்

27. பாம்பு கடித்த உடன் செய்ய வேண்டிய உடனடி சிகிச்சை

27.1 இதயத்திற்கும் பாம்பு கடித்த இடத்திற்கும் இடையில் துணியை கட்ட வேண்டும்

27.2 கடிப்பட்ட இடத்திற்கு மேல் அல்லது இதயத்திற்கு மேல் துணியை கட்ட வேண்டும்

27.3 கடிப்பட்ட இடத்திற்கு கீழ் அல்லது இதயத்திற்கு துணியை கட்ட வேண்டும்

27.4 இதயத்திற்கும் கடிப்பட்ட இடத்திற்கும் மேல் துணியை கட்ட வேண்டும்

28. நாய் கடித்த உடன் செய்ய வேண்டிய முதலுதவி

28.1 கடிப்பட்ட இடத்தை கிருமிநாசினி கொண்டு சுத்தம் செய்தல்

28.2 கடிப்பட்ட இடத்தை சோப்பு நீரால் கழுவ வேண்டும்

28.3 கடிப்பட்ட இடத்தை மிதமான வெப்பம் உள்ள தண்ணீரினால் கழுவ வேண்டும்

28.4 கடிப்பட்ட இடத்தை குளிர்ந்த நீரினால் கழுவ வேண்டும்

29. தேனீ கடித்த உடன் ஏற்படக்கூடிய உடனடி அறிகுறிகள்

29.1 வ- மற்றும் வீக்கம்

29.2 அதிக இரத்தபோக்கு மற்றும் நீர் ஒழுகுதல்

29.3 சுயநினைவை இழந்தல் மற்றும் சோர்வு

29.4 சுற்றுகுழலை மறத்தல் மற்றும் குழப்பம்

30. தேனீ கடித்த உடன் செய்ய வேண்டிய உடனடி சிகிச்சை முறை

30.1 கடித்த இடத்தை வேகமாக தேய்தால்

30.2 தேனீயின் கொடுக்கினை இடுக்கியினால் வெளியில் எடுத்தல்

30.3 கொடுக்கினை வெளியே எடுக்க கூடாது

30.4 கடித்த இடத்தை பிழிந்து எடுக்க வேண்டும்

பகுதி - இ

முதன்மை கல்வி ஆசிரியர்களின் முதலுதவி பற்றிய அறிவுதிறனை அறிந்துக் கொள்வதற்கான சரிபார்ப்பு பட்டியல்

| வ.எண். | பொருளடக்கம் | ஆம் | இல்லை |
|--------|---|-----|-------|
| 1. | அடிபட்ட இடத்தில் இரத்த ஓட்டத்தை நிறுத்த நேரடியாக அழுத்தி புடிக்க வேண்டும். | | |
| 2. | மூக்கில் இரத்தம் வழியும் போது குழந்தையிடம் வாய்வழியாக மூச்சை விட சொல்ல வேண்டும். | | |
| 3. | விழுந்ததினால் ஏற்பட்ட வெளிப்புற காயப்பகுதியை ஓடும் நீரில் கழுவ வேண்டும். | | |
| 4. | எலும்பு முறிவு உள்ள பகுதியில் மேல் மற்றும் கீழ் புறபகுதியை நகர்த்தவிடாமல் வைக்க வேண்டும். | | |
| 5. | காதில் அந்நிய பொருட்கள் இருந்தால் கூர்மையான பொருளை வைத்து எடுக்க கூடாது. | | |
| 6. | மூக்கின் உள்ளே சென்ற அண்ணிய பொருட்கள் கண்ணுக்கு புலப்படவில்லை என்றால் உடனடியாக குழந்தையை மருத்துவ மனைக்கு அழைத்து செல்ல வேண்டும். | | |
| 7. | கண்ணில் தூசி அல்லது துகள்கள் விழுந்தவுடன் கண்ணிற்கு புலப்பட்டால் குழாய் நீரினால் கண்ணை கழுவ வேண்டும். | | |
| 8. | தொண்டையில் அடைபட்ட பொருள் தென்பட்டால் குழந்தையை வாந்தி எடுக்க தூண்ட வேண்டும். | | |
| 9. | நாய் கடிப்பட்ட இடத்தை உடனடியாக சோப்பு மற்றும் தண்ணீரினால் கழுவ வேண்டும். | | |
| 10. | பாம்பு கடித்த இடத்திற்கும் இதயத்திற்கும் இடையில் ஒரு கட்டு கட்ட வேண்டும். | | |

| TIME | SPECIFIC OBJECTIVES | CONTENT | LEARNING ACTIVITY | AV AIDS |
|-------------|-----------------------------|--|--------------------------|----------------|
| ½ min | | <p>INTRODUCTION:</p> <p>First aid is the immediate care given to a person who has been injured or suddenly ill. It includes self- help and home care if medical assistance is not available or is delayed it also includes well selected words of encouragement, evidence of willingness to help, and promotion of confidence by demonstration of competence.</p> <p>DEFINITION:</p> <p>First aid is the temporary and immediate treatment given to a person who is injured or suddenly becomes ill, using facilities or materials available at that time before regular medical help is imported.</p> | Teaching / Learning | PPT |
| ½ Min | Define First Aid Management | | | |

| | | | | |
|--|--|--|---------------------|-----|
| | | <p>OBJECTIVES:</p> <ul style="list-style-type: none"> ✓ To preserve life ✓ To prevent further injury and deterioration of the condition ✓ To make the victim as comfortable as possible to conserve strength <p>PRINCIPLES OF FIRST AID</p> <ul style="list-style-type: none"> ✓ Act quickly but quietly ✓ Take proper history & do priority wise care ✓ Always remain with the casualty ✓ Don't handle casualty in hurry and in worry ✓ Check for patients airway, breathing & circulation (ABC) ✓ Gain confidence of injured ✓ Work honestly & don't do any experiment ✓ Reach the site of accident as early ✓ Tell the relatives, truthfully about seriousness of casualty ✓ Reassure victim & relatives | Teaching / Learning | PPT |
| | List down the Principles of First Aid Management | | | |

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|--|------------------------------------|--|---------------------|-----|
| | | <ul style="list-style-type: none"> ✓ Try to find the causes of injury/ illness& move patient from that causes to prevent further complications. ✓ Observe patient carefully for early signs of shock ✓ Don't let the crowd gather around casualty <p>QUALITIES OF FIRST AIDER:</p> <ul style="list-style-type: none"> ✓ should be a good observer ✓ should be able to act quickly ✓ should not get panicky or excited ✓ should have the ability to lead and control the crowd and take help from the on lookers ✓ Should have self –confidence and ability to judge injuries to be tracked first. ✓ Should be able to reassure the apprehensive victim and by anxious or nervous relative by demonstrating competence expressing sympathy and providing good counseling. | Teaching / Learning | PPT |
| | Enlist the Quality of First Aider. | | | |

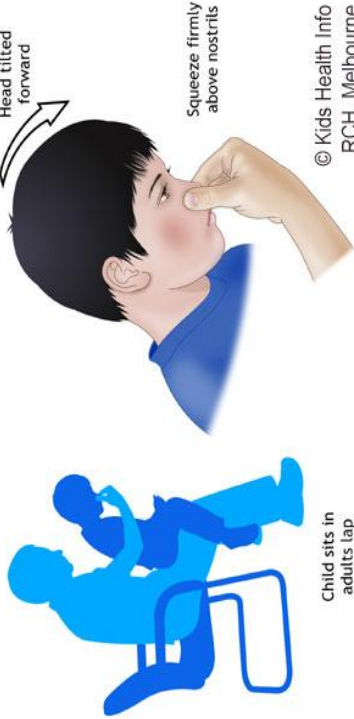
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|--|-----------------------------------|---|---------------------|-----|
| | <p>List down the Golden Rules</p> | <p>GOLDEN RULES OF FIRST AID:</p> <ul style="list-style-type: none"> ✓ Do first things first quickly quietly and without panic. ✓ Reassure the casualty and his relatives sympathetically. <p>Look for the following:</p> <ul style="list-style-type: none"> ✓ Is there any failure of breathing? If yes, start artificial respiration. ✓ Is there any failure of circulation if yes start external cardiac massage. ✓ Is there severe bleeding? If yes stop bleeding by pressing on the pressure point press firmly on the bleeding area. ✓ Point press with a clean pad and keep on pressing the bleeding area for at least a few minutes. ✓ Avoid handling the casualty unnecessarily. ✓ Arrange for the safe removal of the casualty to the care of a doctor or hospital as soon as possible. | Teaching / Learning | PPT |
|--|-----------------------------------|---|---------------------|-----|

| | | | | |
|--|------------------------------------|---|---------------------|-----|
| | <p>List down the first Aid kit</p> | <p>First Aid Kit</p> <p>Medium size</p> <ul style="list-style-type: none"> • Triangular bandage • Light wooden splint • Sterilized cotton • First aid dressing • A .Small • B .Medium • C. Large • roller bandages • (Small, Large) • Burn dressing • Safety pins • Scissors • Adhesive Plaster • Betadine Ointment • Antiseptic Solution • Torch • Eye Ointment • Gauze • Pad & Pencil | Teaching / Learning | PPT |
|--|------------------------------------|---|---------------------|-----|


| | | | | |
|--|--|---|--|--|
| | | <ul style="list-style-type: none"> • Asprin Tablet • Band Aids • Eye Pads • Record Card <p>Large first aid box</p> <ul style="list-style-type: none"> • Sterilized dressing • A. For Finger • B. For Hand • C. For Body • Sterilized burn dressing • A. Small • B. Medium • C. Large • Sterilized Cotton Wool • Betadine Ointment • Antiseptic Solution • A. Dettol • B. Savlon • Adhesive plaster | | |
|--|--|---|--|--|

| | | | | |
|---------------|---|---|---------------------|-----|
| 45 Minutes | Describe the various types of first aid management in selected emergency conditions | <ul style="list-style-type: none"> • Roller bandage • A. Small • B. Big • Safety Pins • Scissor small • Scissor big • Triangular bandage • Eye ointment <p>BLEEDING: Bleeding is a flow of blood from an artery vein or capillary.</p> <p>The diagram shows three hands illustrating different types of bleeding. The first hand, labeled 'ARTERIES', shows blood spurting out in a pulsating flow, described as bright red color. The second hand, labeled 'VEINS', shows a steady, slow flow of dark red color. The third hand, labeled 'CAPILLARIES', shows a slow, even flow of blood.</p> | Teaching / Learning | PPT |
|---------------|---|---|---------------------|-----|


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| | | <p>TYPES OF BLEEDING:</p> <ul style="list-style-type: none"> ✓ Blood is bright red in color ✓ It spurts at each contraction ✓ Flow is pulsatile <p>Venous bleeding:</p> <ul style="list-style-type: none"> ✓ Blood is dark red in color ✓ It does not spurt ✓ Steady flow <p>Capillary bleeding:</p> <ul style="list-style-type: none"> ✓ blood is red in color ✓ It does not spurt ✓ Slow but even flow <p>Common pressure point:</p> <ul style="list-style-type: none"> ✓ Arm between shoulder and elbow –brachial artery. ✓ Groin area along bikini line- femoral artery. ✓ Behind the knee- popliteal artery. | |
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| | | <p>FIRST AID MANAGEMENT:</p> <ul style="list-style-type: none"> ✓ Control bleeding as soon as possible ✓ Keep the wound clean and dress it to minimize blood loss and prevent infection. ✓ Arrange urgent removal to hospital. ✓ Direct pressure for 10 minutes. ✓ Elevation of affected part ✓ On pressure point applies a tourniquet. <p>EPISTAXISES:</p> <p>Bleeding from the nose most commonly occurs when tiny blood vessels inside the nostrils are ruptured, either by a blow to the nose or as a result of sneezing picking or blowing the nose.</p> | |
| | |  <p>Head tilted forward</p> <p>Squeeze firmly above nostrils</p> <p>Child sits in adults lap</p> <p>© Kids Health Info RCH, Melbourne</p> | |

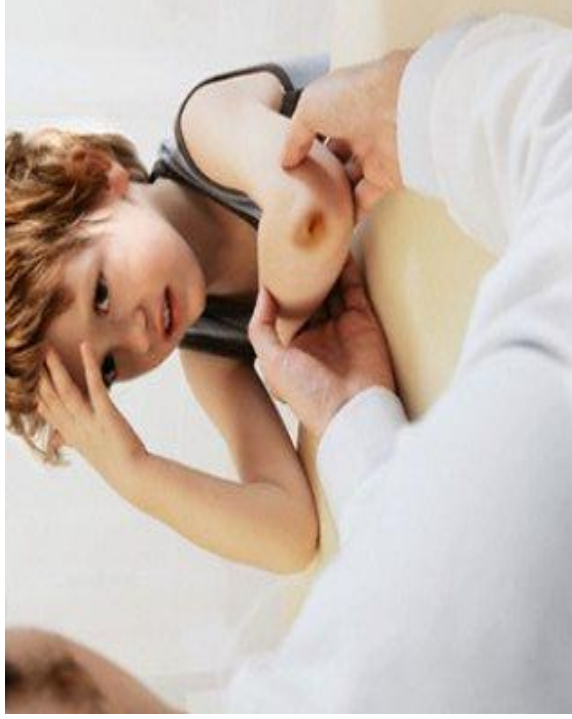
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| | | <p>Causes:</p> <ul style="list-style-type: none"> ✓ Blowing your nose hard ✓ Picking the inside of your nose ✓ A knock or blow to the nose ✓ Deviated septum ✓ High altitude <p>Complication:</p> <ul style="list-style-type: none"> ✓ Nausea ✓ Vomiting due to the swallowing of blood ✓ Air way abstraction ✓ Hypovolemic shock <p>FIRST AID MANAGEMENT:</p> <ul style="list-style-type: none"> ✓ Pinching the fleshy part of the nose ✓ Ask the person to sit in a chair leaning forward using a nose clip to hold it closed until the bleeding stops. ✓ Apply the cold compress for 10-15 minutes in nose. | |
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| | | <ul style="list-style-type: none">✓ Advise her not to speak, swallow cough spit, or sniff because she may disturb blood clots that have formed in the nose.✓ Once the bleeding has stopped and with the still learning forwards cleans around her nose with lukewarm water <p>EAR BLEEDING:</p> <p>This is usually due to a burst eardrum.</p>  | |
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| | | <p>Causes:</p> <ul style="list-style-type: none"> ❖ Skull fracture ❖ Rupture of ear drum ❖ External ear wound <p>Signs and symptoms:</p> <ul style="list-style-type: none"> ✓ Ear bleeding ✓ Ear pain ✓ Ear redness ✓ Ear tenderness ✓ Ear pain ✓ Ear canal swelling ✓ Drainage from the ear ✓ Vomiting ✓ Sudden loss of hearing <p>First aid management:</p> <ul style="list-style-type: none"> ✓ Place the victim in half- sitting position with his head tilted to the side of bleeding so as to permit easy drainage of blood ✓ Pluck the ear with cotton balls ✓ Pour water in the affected ear ✓ Shift him to a hospital immediately | |
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| | | <p>WOUND:</p> <p>A wound is an abnormal break in the skin or other tissues which allows, blood to escape. External wound are complicated by the fact that germs can enter the tissues.</p> <p>TYPES OF WOUND:</p> <p>WOUND</p> <ul style="list-style-type: none"> ✓ POENWOUND ✓ CLOSED WOUND <p>Open wound</p> <p>An open wound is a break in the skin or the mucus membrane.</p>  <p>Closed wound:</p> <p>It involves injury to underlying tissue without break in skin</p> | |
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or mucus membrane.



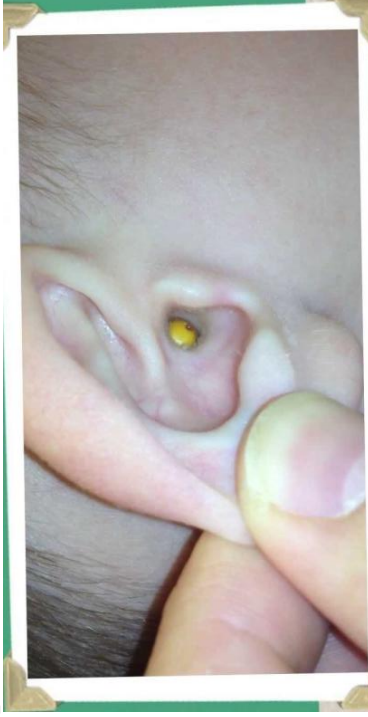
FIRST AID MANAGEMENT

OPEN WOUND


- ✓ Control bleeding
- ✓ If possible wash your hands before dealing the wound.
- ✓ If the wound is dirty lightly rinse it with running water if available.
- ✓ Protect the wound with a sterile swab clean the surrounding skin with water and soap if available.

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| | | <ul style="list-style-type: none"> ✓ Dress a small wound with an adhesive dressing. ✓ Raise and support the injured part and elevated the injured part ✓ If the wound large apply a sterile medical dressing with gauze and clean bad bandage. <p>CLOSED WOUND:</p> <ul style="list-style-type: none"> ✓ Put cold application on the injured area to prevent tissue swelling and to slow down internal bleeding. ✓ Immobilized the part <p>FRACTURE:</p> <p>A fracture is the partial or complete breakage of periosteum (bone).</p> <div data-bbox="963 1136 1198 1367">  </div> <div data-bbox="963 900 1198 1131">  </div> <div data-bbox="963 661 1198 892">  </div> <p>Causes:</p> <ul style="list-style-type: none"> ✓ Direct force ✓ Indirect force | |
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| | | <ul style="list-style-type: none"> ✓ Force muscular action ✓ Force of ligament <p>TYPES OF FRACTURE:</p> <ul style="list-style-type: none"> ✓ Open fracture ✓ Closed fracture ✓ Plastic deformation (bending) ✓ Buckle fracture ✓ Greenstick fracture ✓ Complete fracture <p>SIGNS AND SYMPTOMS:</p> <ul style="list-style-type: none"> ✓ Child may have a broken bone if you heard a snap or a grinding noise during an injury. ✓ There will be a swelling bruising or tenderness ✓ The injured part is difficult to move or shuts when moving being touched or bearing weight | |
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| | | <p>FIRST AID MANAGEMENT:</p> <ul style="list-style-type: none"> ✓ Immobilization and supporting injury part ✓ Remove the clothing from the injury area ✓ Apply an ice pack Cropped in cloth keep the injured in the position you find it ✓ Place a simple splint if you have one, above and below the broken area. ✓ Cardboard or folded un- newspapers or cover it with an elastic bandage or tape. | | |
| | | <p>FOREIGN BODY ASPIRATION IN EAR</p> <p>Foreign body can enter the ear either accidentally (insect) or may be inserted by children during play (peas, button, pencils etc.)</p>  | | |

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| | | <p>SIGN AND SYMPTOMS:</p> <ul style="list-style-type: none"> a. There is pain in the ear. b. There may be discharge from the ear on inspection of the ear using a torch light for illumination; the foreign body may be seeing in the ear canal. <p>AIM:</p> <ul style="list-style-type: none"> ❖ To prevent to the injury ❖ To remove a trapped insect if it is moving ❖ To arrange transport to hospital if a foreign body is lodged in the ear <p>First aid management:</p> <ul style="list-style-type: none"> ❖ Do not try to remove out the foreign body with a hook or any other object as it may damage the ear drum. ❖ If there is an insect in the ear, put olive oil or 2% sodium bicarbonate solution in lukewarm water in the ear. ❖ Gently flood the ear with tepid water so that the insect floated out, if this flooding does not remove the insect. ❖ Support head with affected ear uppermost. | |
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| | | <p>FOREIGN BODY IN THE EYE</p> <p>Foreign body can enter the eye accidentally when there is a strong wind blowing or various foreign bodies that can enter the eye are dust, sand particles local particles, small pieces of glass etc.</p>  | | |
| | | <p>Sign and symptoms:</p> <ul style="list-style-type: none">❖ Redness❖ Blurred vision❖ Onset of pain❖ The eye is angry red❖ There is profuse watering of the eye | | |

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| | | <p>❖ Examination in the eye gently retreating the eye lids, the foreign body may be</p> <p>First aid management:</p> <ul style="list-style-type: none"> ✓ Tell the victim not to rub the eyes as that may causes farther damage to the eye by the foreign body ✓ Flush the eye with the running water ✓ Remove a foreign body under the eyelid with the pointed end of a soft handkerchief or a piece of cotton , it is necessary to wash the hands well before removing the foreign body ✓ Do not attempt to remove the foreign body lodged in the eye ball ✓ Pad the eye and send him to a doctor shift all other to a hospital immediately. <p>FOREIGN BODY IN THE NOSE:</p> <p>A child may insert a foreign body like a seed or piece of pencil into the nose either accidentally or during play.</p> | |
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| | | <div><div><div>Sign and symptoms:</div><div><ul style="list-style-type: none">• Pain in the nose• Discharge from the nose• Difficulty or noisy breathing• Swelling of the nose• Blood stained in the nose</div></div><div></div></div> | |
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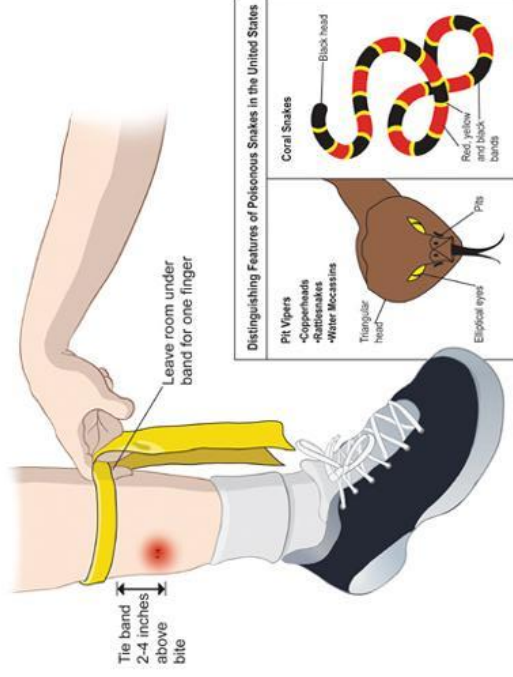
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| | | <p>FIRST AID MANAGEMENT:</p> <ul style="list-style-type: none"> ❖ Instruct the victim not to try to sneeze or blow air out of the nose to expel the foreign body ❖ If the end of the foreign body is found sticking out of the nose, grab it and pull it out. ❖ Shift client to a hospital. <p>CHOCKING:</p> <p>Young children especially are prone to choking. A child may choke on food, or may put small objects in to his mouth.</p>  | |

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| | | <p>Sign and symptoms:</p> <p>Mild obstruction</p> <p>Child able to speak , cough, and breathe</p> <p>Completed obstruction</p> <p>Child unable to speak cough, or breathe and eventual loss of consciousness.</p> <p>First aid management:</p> <ul style="list-style-type: none"> ➤ If the child is breathing encourage him to cough, this may clear the obstruction. ➤ If the child cannot speak or stop coughing and breathing. ➤ Five back blows between his shoulder blades using the heel of your hand, check his mouth. ➤ If the back blows fail try abdominal thrusts. Put your arms around the child's bending abdomen, make sure that he is bending well forwards, place your thumb, between the navel and the bottom of the breast bone and grasp it with your other hand-pull sharply inwards and upwards up to five times | |
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- If foreign body is small not obstruction the throat give sips of water to swallow.
- Stop if the obstruction clears check his mouth again.

SNAKE BITE:

All snake bites are not fatal only a small quantity of venom may be fatal. Most people die from fear and venom is not the point of consideration.



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| | | <p>Sign and symptoms:</p> <ul style="list-style-type: none"> ➤ A pair of puncture marks ➤ Sever pain , redness, and swelling at the site ➤ Nausea and vomiting ➤ Disturbed vision ➤ Increased salivation and sweating ➤ Pain and numbness at the site of bite ➤ Drowsiness ➤ Dimness of vision ➤ Difficulty in breathing and speech ➤ Convulsion coma <p>First aid management:</p> <ul style="list-style-type: none"> ❖ Place the person on a flat surface comfortably ❖ Reassure him that all snake are not poisons ❖ Do not make him to water ❖ Tie a tourniquet between the heart and the bitten area to avoid absorption of poison. ❖ Immobilized the affected limb ❖ Apply ice pack on the wound if the area is on a limb. ❖ Shift the patient to hospital immediately. | |
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| | | <p>DOG BITE:</p> <p>Dog bites are very serious; it may causes fatal medical condition called hydrophobia.</p> <p>The dog should be watched for 10 days, if the dog is healthy after this period then there is no danger.</p>  | | |
| | | <p>Signs and Symptoms:</p> <ul style="list-style-type: none">○ Headache nausea and vomiting○ Sore throat○ Cough○ Sensitive to bright light, loud noises& even light touch. | | |

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| | | <ul style="list-style-type: none"> ○ Agitation confusion and hallucination ○ Difficulty in swallowing ○ Forming at mouth ○ Respiratory paralysis ○ Patient will have difficulty in drinking water <p>FIRST AID MANAGEMENT:</p> <ul style="list-style-type: none"> ❖ Wash the wound with soap and water ❖ Put sterile dressing ❖ Do not kill the animal unless necessary ❖ Apply on antiseptic cream locally ❖ Avoid movement of affected part ❖ The dog should be kept under observation for ten days ❖ Shift patient to hospital immediately. | | |
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HONEY BEE STING

Bee and wasps are the most harmful amongst all insects, their sting have one type of poison in small quantity.



Sign and Symptoms:

- ❖ Sever local pain
- ❖ Redness and swelling around the site of the sting
- ❖ Itching around the side
- ❖ Sting develop severe reaction
- ❖ Fall in blood
- ❖ Victim may become unconscious
- ❖ Anaphylactic shock

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| | | <p>First aid management:</p> <ol style="list-style-type: none"> 1. Remove the sting with tweezers held as near to the skin as possible. 2. An alternative method is to rub the skin in the affected area gently. 3. The skin puncture enlarged a little and the sting comes out along with the poison around it. 4. Do not squeeze the poison sac because this will force the remaining into the skin 5. Apply the ammonia soda or methylene blue locally as antidote for bee venom. 6. Apply a cold compress and spirit locally to relieve the pain. 7. Place the victim in recovery position if breathing becomes difficult , 8. Shift him to a hospital immediately. | | |
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APPENDIX- J

முதுவூதவி மேலாண்மை பாடத்திட்டம்

| நேரம் | குறிப்பான நோக்கம் | பாடமுறை | ஆசிரியர் மாணவர் செயல் | கேட்கும் பார்க்கும் கையேடுகள் | தேர்வு |
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| 2 நிமிடம் | விபத்து என்பதை வரையறுத்தல் | <p>முன்னுரை :</p> <p>முதலுதவி என்பது காயப்பட்டவர்களுக்கோ (அ) திடீரென உடல்நிலை குன்றியவர்களுக்கோ அளிக்கப்படும் உடனடிச் சிகிச்சை. ஒருவேளை மருத்துவ உதவி இல்லாத போதும் (அ) தாமதிக்கும் போது சுய உதவி மூலமும் வீட்டுச் சிகிச்சை முறையிலும் பாதுகாக்க கீழ்கானுபவற்றை மேற்கொள்ளலாம். அவைகள் முதலுதவி செய்ய ஊக்குவித்தல், முதலுதவி செய்ய முன்வருதல் மற்றும் சரிசெய்யும் முறைகளைச் செய்துக்காட்டுவதன் மூலம் நம்பிக்கையை தூண்டுதல்.</p> <p>வரையறை :</p> <p>முதலுதவி என்பது விபத்தால் பாதிக்கப்பட்டவருக்கும், திடீரென நோய்வாய்ப்பட்டவருக்கும் தற்கா- கம் மற்றும் உடனடியாக அந்த இடங்களிலேயே கிடைக்கும் பொருள்களைக் கொண்டு மருத்துவ முறைப்படி செய்யும் உதவியே முதலுதவி எனப்படும்.</p> <p>நோக்கங்கள் :</p> <ul style="list-style-type: none"> ❖ உயிரைக் காப்பாற்றுதல் ❖ நோயின் தன்மை அதிகரிக்காமல் தடுத்தல் விரைவில் நோயாளியை வைத்தியரிடம் அழைத்து செல்லுதல். | <p>விரிவுரை</p> <p>பற்றி</p> <p>கலந்தாய்வு</p> | <p>விரிவுரை</p> <p>அளித்தல்,</p> <p>கவனித்தல்</p> | |

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| <p>5 நிமிடம்</p> | <p>முக்கியமான விதிகள்</p> | <p>முக்கியமான விதிகள் :</p> <ul style="list-style-type: none"> ❖ அமைதியான முறையில் விரைவாகச் செயல்படுத்தல் ❖ விரைங்களை சேகரித்தும் உடனடித் தேவைகளுக்கு ஏற்றவாறு சிகிச்சை அளித்தல் ❖ அவசர நிலைமையைப் புரிந்துச் செயல்படுத்தல் ❖ பதற்றத்துடனும், கவலையுடனும் அவசர சிகிச்சை அளித்தலைத் தவிர்தல் ❖ காயப்பட்டவருக்கு முதலுதவி செய்யும்போது A,B,C என்ற எழுத்துக்களைக் கொண்டு ஆரம்பமாகும் மூன்று விஷயங்களைக் கவனிக்க வேண்டும். <p>A) Airway : காற்றுவழி B) Breathing : சுவாசம் C) Circulation : இரத்த ஓட்டம்</p> <ul style="list-style-type: none"> ❖ காயம் ஏற்பட்டுள்ளதா? என உறுதிச் செய்துக் கொள்ள வேண்டும். ❖ முதலுதவி பற்றிய விவரம் அறியாமல் முதலுதவி அளிக்கக்கூடாது மற்றும் சரியான முறையில் முதலுதவி அளிக்க வேண்டும். ❖ விபத்து ஏற்பட்ட இடத்திற்கு விரைவாகச் செல்ல வேண்டும் ❖ அவசர நிலைமைப் பற்றி உறவினர்களிடத்தில் உண்மையைக் கூற வேண்டும். ❖ நோயாளிக்கும், உறவினர்களுக்கும் நம்பிக்கை அளிக்கும்படி உதவி அளித்தல். ❖ காயம் / உடல்நிலை குறைவிற்கான காரணங்களை அறிந்து; அக்காரணிகளில் இருந்து நோயாளியை அகற்றி பின்விளைவுகளைத் தவிர்க்கலாம். | <p>விரிவுரை பற்றி கலந்தாய்வு</p> | <p>விரிவுரை அளித்தல், கவனித்தல்</p> | |
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| <p>5 நிமிடம்</p> | <p>முதலுதவி கொடுப்பவருக்கான தகுதிகள்</p> | <p>❖ நோயாளிக்கு உட-ல் இரத்த அளவு குறைவதால் ஏற்படும் அதிர்ச்சிக்கான ஆரம்ப அறிகுறிகள் வந்துள்ளதா என ஆராய வேண்டும்.</p> <p>❖ அவசர சிகிச்சை அளிக்கும் இடத்தில் கூட்டம் கூடாமல் பார்த்துக் கொள்ள வேண்டும்.</p> <p>முதலுதவி கொடுப்பவருக்கான தகுதிகள் :</p> <p>❖ நன்கு கண்காணிக்கும் திறன் உடையவராக இருக்க வேண்டும்.</p> <p>❖ வினாவாகச் செயல்படுபவராக இருக்க வேண்டும்.</p> <p>❖ பீதி அடைதலோ / உணர்ச்சி வசப்படுதலோக் கூடாது.</p> <p>❖ கூட்டத்தைக் கட்டுப்படுத்தி அவர்களிடமிருந்து உதவியைப் பெற்றுக்கொள்ளும் திறன் படைத்தவராக இருத்தல் வேண்டும்.</p> <p>❖ தன்னம்பிக்கை மிக்கவராகவும், காயங்களைக் கண்டறியும் திறமை உள்ளவராகவும் இருக்க வேண்டும்.</p> <p>❖ பாதிக்கப்பட்டவருக்கும் அவரது உறவினர்களுக்கும் ஆறுதல் சொல்-அவர்களின் பயத்தைப் போக்க வேண்டும்.</p> <p>முதலுதவிக் கொடுப்பதற்கான விதிமுறைகள் :</p> <p>❖ விரைவாக அமைதிக்காத்து பீதியடையாமல் முத-ல் செய்ய வேண்டியவற்றை முத-ல் செய்ய வேண்டும்.</p> <p>❖ பாதிக்கப்பட்டவருக்கும் அவரின் உறவினர்களுக்கும் ஆறுதல் தெரிவிக்க வேண்டும்.</p> <p>பின்வருவனவற்றை கவனிக்க வேண்டும் :</p> <p>❖ பாதிக்கப்பட்டவர் மூச்சுவிடுகிறாரா? என்று கவனிக்கவும் இல்லாதிருப்பின்</p> | <p>விரிவுரை பற்றி கலந்தாய்வு</p> | <p>விரிவுரை அளித்தல், கவனித்தல்</p> |
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| 10 நிமிடம் | முதலுதவிக்கொடுப்பதற்கான விதிமுறைகள் | <p>செயற்கை சவாசம் அளிக்கவும்.</p> <ul style="list-style-type: none"> ❖ நாடித்துடிப்பு உள்ளதா? என்று கவனிக்கவும் இல்லாதிருப்பின் இதயத் தசைத் தூண்டுதல் மேற்கொள்ள வேண்டும். ❖ இரத்தப்போக்கு உள்ளதா? என்று கவனிக்கவும் இருப்பின் இரத்தக் கசியும் இடத்தில் அதிக அழுத்தம் அளிப்பதன் மூலம் இரத்தப் போக்கைக் கட்டுப்படுத்துதல் வேண்டும் ❖ ஒரு சுத்தமான துணியை மடித்து காயத்தின் மீது வைத்து, உள்ளங்கையால் ஒருசில நிமிடங்களுக்கு அழுத்தம் கொடுக்கலாம். ❖ நோயாளியைக் காரணமின்றிக் கையாளக்கூடாது ❖ விரைவில் நோயாளியை மருத்துவரிடம் / மருத்துவமனைக்கு கொண்டுச் செல்ல வேண்டும். <p>முதலுதவிப் பெட்டியில் இருக்க வேண்டிய பொருட்கள் :</p> <ul style="list-style-type: none"> ❖ நடுத்தர அளவிலான முதலுதவிப் பெட்டி ❖ பேண்டேஜ் (மக்கோணம்) ❖ லேசான மரத்திலாலான சிம்புவை வைத்தல் ❖ சுத்தமானப் பஞ்சு (சூய்மைப்படுத்தப்பட்ட) ❖ காயத்தைச் சுத்தப்படுத்தும் உபகரணத்தின் அளவு <ul style="list-style-type: none"> ➤ சிறியது ➤ நடுத்தரம் ➤ பெரியது ❖ ரோலர் பேண்டேஜ் | <p>விரிவுரை பற்றி கலந்தாய்வு</p> | <p>விரிவுரை அளித்தல், கவனித்தல்</p> | |
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| 10 நிமிடம் | முதலுதவிப் பெட்டியில் இருக்க வேண்டிய பொருட்கள் | <ul style="list-style-type: none"> ➤ சிறியது ➤ பெரியது ❖ தீக்காயத்தைச் சுத்தப்படுத்த தேவையானப் பொருட்கள் ❖ ஊக்கு ❖ ஓட்டும் தன்மையுள்ள பிளாஸ்டர் ❖ சுத்திடுக்கோல் ❖ பீட்டாஷன் மருந்து ❖ கிருமிநாசினி ❖ டார்ச் லைட் ❖ கண்மருந்து ❖ மெல் – ய துணி ❖ பலகை மற்றும் பென்சில் ❖ ஆஸ்பிரின் மருந்து ❖ எல்லாவகையான கட்டுப்போடும் பொருட்கள் ❖ கண் காயம் சுத்தம் செய்யும் பொருட்கள் <ul style="list-style-type: none"> ➤ விரல்களுக்கு பயன்படுத்தும் பொருட்கள் ➤ கைகளுக்குப் பயன்படுத்தும் பொருட்கள் ➤ உடலுக்குப் பயன்படுத்தும் பொருட்கள் ❖ துய்மைப்படுத்தப்பட்ட தீக்காயத்தை சுத்தம் செய்யும் பொருட்கள் <ul style="list-style-type: none"> ➤ சிறியது ➤ நடுத்தர ➤ பெரியது | <p>விரிவுரை பற்றி கலந்தாய்வு</p> | <p>விரிவுரை அளித்தல், கவனித்தல்</p> | |
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| | | | | <ul style="list-style-type: none"> ❖ தூய்மைப்படுத்தப்பட்ட பஞ்சு ❖ பீட்டாஷன் மருந்து ❖ கிருமிநாசினி <ul style="list-style-type: none"> ➤ டெட்டால் ➤ சாவ்வான் ❖ ஒட்டும் தன்மையுள்ள பிளாஸ்டர் ❖ ரோல் பேண்டேஜ் <ul style="list-style-type: none"> ➤ சிறியது ➤ பெரியது ❖ ஊக்குகள் ❖ கத்திரிக்கோல் சிறியது ❖ கத்திரிக்கோல் பெரியது ❖ பேண்டேஜ் (முக்கோண வடிவிலான) ❖ கண் மருந்து <p>இரத்தப்போக்கு</p> <p>இரத்தப்போக்கு என்பது தமனிகள், சிரைகள் மற்றும் தந்துதிகளி – ருந்து ஏற்படும் இரத்தக் கசிவு ஆகும்.</p> |
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| <p>15 நிமிடம்</p> | <p>இரத்தப்போக்கின் வகைகள் : தமனியில் இரத்தக் கசிவு</p> <ul style="list-style-type: none"> ❖ இளச்சிவப்பு நிறத்தில் இரத்தம் கசிதல் ❖ ஒவ்வொரு முறையும் இதயச் சுருக்கத்தின் போது திடீரென இரத்தக் கசிவு ஏற்படுதல் ❖ இதயத் துடிப்பிற்கு ஏற்றவாறு இரத்தம் கசிதல் <p>சிரையில் இரத்தம் கசிதல்</p> <ul style="list-style-type: none"> ❖ அடர்சிவப்பு நிறத்தில் இரத்தம் கசிதல் ❖ தமனியைப் போன்று திடீரென இரத்தம் கசியாது ❖ தொடர்சியாக இரத்தப்போக்கு ஏற்படும் <p>தந்துகிகளில் இரத்தம் கசிதல்</p> <ul style="list-style-type: none"> ❖ சிவப்பு நிறத்தில் இரத்தம் கசிதல் ❖ திடீரென இரத்தம் கசியாது ❖ மெதுவாகவும் சீராகவும் இரத்தக் கசிவு ஏற்படும் <p>பொதுவாக அழுத்தம் கொடுக்கும் இடம்</p> <ul style="list-style-type: none"> ❖ கையில் தேல்பட்டை மற்றும் மூட்டுப்பகுதிக்கும் இடையில் – புயநாடி ❖ இடுப்புப் பகுதியைச் சேர்ந்த – ஃபீரமத்தமனி ❖ கால் முட்டிக்குப் பின்னால் – குழிச்சிரைத்தமனி <p>முதலுதவி மேலாண்மை :</p> <ul style="list-style-type: none"> ❖ முடிந்த அளவிற்கு விரைவாக இரத்தப் போக்கைக் கட்டுப்படுத்த வேண்டும். ❖ காயத்தைச் சுத்தம் செய்து தூய்மையாக வைத்து இரத்தப் போக்கையும் கிருமிக் தொற்றையும் கட்டுப்படுத்தல் வேண்டும். | <p>விரிவுரை பற்றி கலந்துப்பு</p> | <p>விரிவுரை அளித்தல், கவனித்தல்</p> |
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| <p>5 நிமிடம்</p> <p>மூக்கில் இரத்தம் கசிதல்</p> | <ul style="list-style-type: none"> ❖ விரைவாக மருத்துவமனைக்குக் கொண்டுச் செல்ல வேண்டும். ❖ இரத்தக்கசிவு ஏற்படும் இடத்தில் நேரடியாக 10 நிமிடங்கள் அழுத்தம் தர வேண்டும். ❖ அடிப்பட்டப் பகுதியை இதயத்தி-ருந்து உயரமான நிலையில் வைக்க வேண்டும். ❖ அழுத்தம் கொடுக்கும் இடத்தில் கட்டுக் கட்டுதல் <p>மூக்கில் இரத்தம் கசிதல்</p> <p>நுண்ணியப் பொருட்களை மூக்கில் போடுவதாலோ / மிக வேகமாக துய்ப்பும்போதும் மூக்கில் உள்ள சிறிய இரத்தக்குழாய் சிதைவடைவதால் இரத்தக் கசிவு ஏற்படும்.</p> <p>காரணங்கள்</p> <ul style="list-style-type: none"> ❖ வேகமாக மூக்கைச் சிந்துதல் ❖ விர- னால் மூக்கினை கடினமாக குடைதல் ❖ மூக்கின் மேல் குத்துவதால் ❖ வளைவான மூக்குத்தண்டு ❖ உயர்ந்த இடங்களில் இருக்கும்போது <p>பிள்வினைவுகள்</p> <ul style="list-style-type: none"> ❖ குமட்டல் ❖ இரத்தத்தை விழுங்குவதால் வாந்தி ஏற்படுதல் ❖ சுவாசப் பாதை அடைப்பு | <p>விரிவுரை பற்றி கலந்துய்வு</p> | <p>விரிவுரை அளித்தல், கவனித்தல்</p> |
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| 5 நிமிடம் | <p>❖ உட-ல் இரத்த அளவு குறைவதால் ஏற்படும் அதிர்ச்சி</p> <p>முதலுதவி மேலாண்மை</p> <ul style="list-style-type: none"> ❖ மூக்கில் உள்ள தசைப்பகுதியை அழுத்தப் பிடிக்கவும் ❖ உட்கார்ந்த நிலையில், தலையை முன்புறமாக சாய்த்து மூக்கை கட்டை விரலாலும், ஆள்காட்டி விரலாலும் அழுத்திப்பிடித்து வாயினால் சுவாசிக்க வேண்டும். ❖ 10-15 நிமிடங்களுக்கு குளிர்ந்த நீரினால் ஒத்தடம் கொடுக்கலாம். ❖ பின்பு, அவர் பேசாமல், எச்சில் விழுங்காமல் இருக்க வேண்டும். ❖ இதன்மூலம் உறைந்த இரத்தத்தை சிதராமல் பார்த்துக் கொள்ளலாம். ❖ இரத்தப் போக்கு நின்றவுடன் மூக்கை சாதாரண (மிதமான வெப்பநிலை) நீரினால் கழுவ வேண்டும். <p>காதுகளில் இருந்து இரத்தம் கசிதல் பெரும்பாலும் இவை செவிப்பறை சிதைவினால் ஏற்படும் இரத்தப்போக்கு</p> <p>காரணங்கள் :</p> <ul style="list-style-type: none"> ❖ மண்டை ஓட்டில் எலும்பு முறிவு ❖ செவிப்பறைச் சிதைவு ❖ வெளிப்புறக் காதில் காயம் <p>அறிகுறிகள் :</p> <ul style="list-style-type: none"> ❖ செவியி- ருந்து இரத்தம் கசிதல் ❖ செவியில் வ- ஏற்படுதல் ❖ செவி சிவந்துப் போதல் | <p>❖ காதுகளில் இருந்து இரத்தம் கசிதல்</p> | <p>❖ விரிவுரை பற்றி கலந்தாய்வு</p> | <p>❖ விரிவுரை அளித்தல், கவனித்தல்</p> |
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| 5 நிமிடம் | | <p>❖ செவி வீக்கம்</p> <p>❖ செவிப் பாதையில் வீக்கம்</p> <p>❖ காதி- ருந்து கழிவு வெளியேறுதல்</p> <p>❖ வாந்தி எடுத்தல்</p> <p>❖ திடீரென காது கேளாமை</p> <p>முதலுதவி மேலாண்மை</p> <p>❖ பாதிக்கப்பட்டவரை அமரச் செய்து, அடிப்பட்டப் பக்கமாக தலையைச் சாய்பதன் மூலம் கசிந்த இரத்தத்தை சலபமாக வெளியேற்றலாம்.</p> <p>❖ காதில் பஞ்சை வைக்க வேண்டும்</p> <p>❖ பாதிக்கப்பட்ட காதில் தண்ணீர் ஊற்றிச் சுத்தம் செய்ய வேண்டும்.</p> <p>❖ உடனடியாக பாதிக்கப்பட்டவரை மருத்துவமனைக்கு அழைத்துச் செல்லவும்.</p> <p>காயம்</p> <p>தோல் (அ) திசுக்களில் சிதைவு ஏற்பட்டு அவைகளில் இரத்தக்கசிவு ஏற்படுவதைக் காயம் என்கிறோம். வெளிப்புறக் காயம் வழியாகத் தொற்று கிருமிகள் ஊடுருவி பின்விளைவுகளை ஏற்படுத்தலாம்</p> <p>காயத்தின் வகைகள் :</p> <p>❖ திறந்தக்காயம்</p> <p>❖ மூடியக்காயம் / உட்காயம்</p> <p>வெளிப்புறக் காயம் / திறந்தக் காயம்</p> | <p>விரிவுரை பற்றி கலந்தாய்வு</p> | <p>விரிவுரை அளித்தல், கவனித்தல்</p> | |
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| | | | <p>வெளிப்புறக் காயத்தில் தோல் மற்றும் சவ்வுகளில் சிதைவு ஏற்படும் மூடியக் காயம் / உள்காயம்</p> <p>உட்புறக்காயத்தில் தோல் மற்றும் சவ்வுப் பாதிக்கப்படாமல் தசைகள் மட்டும் பாதிக்கப்பட்டு இருக்கும்.</p> <p>முதலுதவி மேலாண்மை :</p> <p>திறந்தக் காயம் / வெளிப்புறக் காயம்</p> <ul style="list-style-type: none"> ❖ இரத்தப் போக்கைக் கட்டுப்படுத்துதல் ❖ திறந்தக் காயத்தை சுத்தம் செய்வதற்கு முன் கைகளைக் கழுவ வேண்டும். ❖ காயம் அசத்தமடைந்து இருந்தால் அதனை ஓடும் நீரில் கழுவ வேண்டும் ❖ காயத்தை சோப்பு மற்றும் தண்ணீரைப் பயன்படுத்திச் சுத்தம் செய்ய வேண்டும். ❖ சிறியக் காயமாக இருந்தால் ஓட்டும் தன்மையுள்ளப் பிளாஸ்டரைப் பயன்படுத்தலாம். ❖ அடிப்பட்டப் பாகத்தை உயர்ந்த நிலையில் வைக்க வேண்டும். ❖ பெரியக் காயமாக இருந்தால் தூய்மைப்படுத்தப்பட்ட டிரஸ்ஸிங் உபகரணங்களை கொண்டு சுத்தம் செய்து பின் சுத்துமான பேண்டேஜ் இடலாம். <p>உள்காயம் / மூடியக்காயம்</p> <ul style="list-style-type: none"> ❖ திசு வீக்கத்தைத் தடுப்பதற்காகவும், உள் இரத்தக் கசிவைக் குறைப்பதற்காகவும் குளிர்ந்த ஒத்தடம் அளிக்க வேண்டும். ❖ அடிப்பட்டப் பாகத்தை அசைக்காமல் வைக்க வேண்டும். | | |
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| 5 நிமிடம் | எலும்பு முறிவு முற்றிலும் அல்லது பகுதி அளவு எலும்பில் ஏற்பட்ட பிளவு எலும்பு முறிவு எனப்படும். காரணங்கள் ❖ நேரடியான அழுத்தம் ❖ மறைமுகமான அழுத்தம் ❖ தசைகளால் அழுத்தம் ஏற்படும் போது ❖ மிகுந்த அழுத்தத்துடன் தசைநார் செயல்படும்போது எலும்பு முறிவின் வகைகள் ❖ திறந்த எலும்பு முறிவு ❖ மூடிய எலும்பு முறிவு ❖ வளைவு முறிவு ❖ கொக்கிமுறிவு ❖ பச்சைக் கொம்பு முறிவு ❖ முழுமையான எலும்பு முறிவு அறிகுறிகள் : ❖ உடைந்த எலும்புகள் உராய்வதால் சத்தம் கேட்கலாம், தொடும் உணரலாம். ❖ முறிவு ஏற்பட்ட இடத்தில் வீக்கம், சிராப்படி மற்றும் தொடடால் வ-ஏற்படும். | விரிவுரை பற்றி கலந்தாய்வு | விரிவுரை அளித்தல், கவனித்தல் |
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| 5 நிமிடம் | அந்நியப் பொருட்களை காதுகளில் போட்டுக் கொள்ளுதல் | <p>❖ எலும்பு முறிவு ஏற்பட்ட இடத்தை அசைக்க முடியாது / அசைப்பதற்கு கடினமாக இருக்கும். அந்த இடத்தை தொடும்போதோ பலுவான பொருட்களை கையாலும் போது வ- ஏற்படும்.</p> <p>முதலுதவி மேலாண்மை :</p> <p>❖ முறிவு ஏற்பட்ட இடத்தை அசைக்காமல் பாதுகாப்பாக தாங்கி பிடித்து கைக்க வேண்டும்.</p> <p>❖ முறிவு ஏற்பட்ட இடத்தில் துணிகளை நீக்க வேண்டும்.</p> <p>❖ ஐஸ்க்கட்டியைத் துணியால் சுற்றி முறிவு ஏற்பட்ட இடத்தின்மேல் வைக்க வேண்டும்.</p> <p>❖ எலும்புமுறிவு ஏற்பட்ட இடத்திற்கு மேற்புறமும், கீழ்புறமும் சிம்புகள் (Splint) வைக்க வேண்டும்.</p> <p>❖ கனமான அட்டை / மடித்த செய்தித்தாள்களைக் கொண்டு கட்டுப்போட வேண்டும்.</p> <p>அந்நியப் பொருட்களை காதுகளில் போட்டுக் கொள்ளுதல்</p> <p>அந்நியப் பொருட்களை குழந்தைகள் விளையாடும் போது தற்செயலாக காதுதினூல் போட்டுக் கொள்ள நேரிடலாம் (பட்டானி, பட்டன், பென்சில்....)</p> <p>அறிகுறிகள் :</p> <p>❖ காதுகளில் வ- ஏற்படுதல்</p> <p>❖ வெளிச்சத்தைப் பயன்படுத்தி காதுகளைப் பார்க்கும்பொழுது அந்நியப் பொருட்கள் தென்படலாம் மற்றும் கழிவுகள் வெளியேற்றம்.</p> | <p>விரிவுரை பற்றி கலந்தாய்வு</p> | <p>விரிவுரை அளித்தல், கவனித்தல்</p> | |
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| 5 நிமிடம் | அந்நியப் பொருட்களை கண்களில் இடுதல் | <p>நோக்கங்கள் :</p> <ul style="list-style-type: none"> ❖ அந்நியப்பொருட்களின் மூலம் காயம் ஏற்படுதலைத் தவிர்த்தல் ❖ உயிருள்ளபோதே பூச்சிகளை அகற்றுதல் ❖ அந்நியப் பொருட்களை எடுக்க இயலவில்லை என்றால் உடனடியாக மருத்துவமனைக்கு செல்ல வேண்டும். <p>முதலுதவி மேலாண்மை :</p> <ul style="list-style-type: none"> ❖ கூர்மையானப் பொருட்களைப் பயன்படுத்தி அந்நியப் பொருட்களை அகற்ற முயற்சிக்கக் கூடாது, ஏனெனில் அவை காயங்களை ஏற்படுத்தும். ❖ பூச்சி காதில் இருந்தால் ஆ-வ் எண்ணெய் / 2% சோடியம் – பை – கார்பனேட் கலவையை மிதமான வெப்பநிலை உள்ள நீரில் கலந்து காதில் ஊற்ற வேண்டும். ❖ சாதாரண நீரை காதுகளில் ஊற்றுவதன் மூலம் பூச்சிகளை அகற்றலாம். ❖ ஒருவேளை பூச்சி வெளியேறவில்லை என்றால் பாதிக்கப்பட்ட காது மேற்புறம் இருக்குமாறு தலையைச் சாய்த்து வைக்கவேண்டும். ❖ உடனடியாக மருத்துவமனைக்கு அழைத்துச் செல்ல வேண்டும். <p>அந்நியப் பொருட்களை கண்களில் இடுதல் :</p> <p>அந்நியப் பொருட்கள் கண்களினுள் வேமாக காற்று வீசும்போது தற்செயலாக நுழையலாம். அவ்வாறு நுழையும் அந்நியப் பொருட்களில் சில பின்வருமாறு : தூசு, மண் துகள்கள், சிறயக் கண்ணாடித் துண்டுகள்</p> <p>அறிகுறிகள் :</p> | <p>விரிவுரை பற்றி கலந்தாய்வு</p> | <p>விரிவுரை அளித்தல், கவனித்தல்</p> | |
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| | | | <ul style="list-style-type: none"> ❖ சிவந்துபோதல் ❖ மங்களானப் பார்வை ❖ வ- ஏற்படுதல் ❖ கண்களில் நீர் வடிதல் ❖ கண்களைப் பரிசோதிக்கும் போது அந்நியப் பொருட்கள் தென்படும். <p>முதலுதவி மேலாண்மை :</p> <ul style="list-style-type: none"> ❖ அந்நியப் பொருட்கள் கண்களில் உள்ள போது கண்களைத் தேய்க்கக்கூடாது. அது பாதிப்பை ஏற்படுத்தலாம் ❖ ஓடும் நீரில் கண்ணை கழுவ வேண்டும் ❖ கைகளை நன்கு கழுவியப் பின்பு, கைக்குட்டையின் நுனி / பஞ்சு பயன்படுத்தி கண் இமைக்கு கீழ் உள்ள அந்நியப் பொருளை நீக்கலாம். ❖ கண் விழியில் மாட்டிக்கொண்ட அந்நியப் பொருட்களை நீக்க முயற்சி செய்யக்கூடாது. ❖ பாதிக்கப்பட்ட கண்ணை சுத்தமானத் துணியைக் கொண்டு மூடியவாறு மருத்துவமனைக்கு அழைத்துச் செல்ல வேண்டும். <p>அந்நியப்பொருட்களை மூக்கினுள் இட்டுக் கொள்ளுதல்</p> <p>விதைகள் / பென்சில் துண்டுகள் போன்றப் பொருட்களைக் குழந்தைகள் தற்செயலாக மூக்கினுள் இட்டுக் கொள்ளலாம்.</p> |
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| 5 நிமிடம் | <p>அந்நியப்பொருட்களை மூக்கினுள் இட்டுக் கொள்ளுதல்</p> | <p>அறிகுறிகள் :</p> <ul style="list-style-type: none"> ❖ மூக்கில் வ- ❖ மூக்கில் நீர் வடிதல் ❖ கடினமான / சத்தமான சுவாசம் ❖ மூக்கு வீங்குதல் ❖ மூக்கில் இரத்தம் படிந்துப் போதல் <p>முதலுதவி மேலாண்மை :</p> <ul style="list-style-type: none"> ❖ அந்நியப் பொருட்கள் உள்ளே இருக்கும்போது தும்பவோ / மூக்கை சிந்தவோ அனுமதிக்க கூடாது. ❖ அந்நியப் பொருள் வெளியே தெரியுமாறு இருப்பின் அதனை அகற்றி விடலாம். ❖ மருத்துவமனைக்கு உடனடியாக அழைத்துச் செல்ல வேண்டும். <p>அன்னியப் பொருட்கள் தொண்டை யில் அடைப்படுத்தல்</p> <p>குழந்தைகளுக்கு பொதுவாக உணவு பொருட்கள் அல்லது ஏதேனும் சிறிய பொருட்கள் அடைப்பட்டு மூச்சு அடைப்பு ஏற்பட நேரிடலாம்.</p> <p>அறிகுறிகள் :</p> <p>முழுமையற்ற அடைப்பு</p> <ul style="list-style-type: none"> ❖ குழந்தையால் பேசவும், இரும்பவும் மற்றும் சுவாசிக்கவும் முடியும் <p>முழு அடைப்பு :</p> <p>குழந்தையினால் இரும்பவோ, சுவாசிக்கவோ முடியாது மேலும் காயநினைவு</p> | <p>விரிவுரை பற்றி கலந்தாய்வு</p> | <p>விரிவுரை அளித்தல், கவனித்தல்</p> | |
| 5 நிமிடம் | <p>அன்னியப் பொருட்கள் தொண்டை யில் அடைப்படுத்தல்</p> | <p>அறிகுறிகள் :</p> <p>முழுமையற்ற அடைப்பு</p> <ul style="list-style-type: none"> ❖ குழந்தையால் பேசவும், இரும்பவும் மற்றும் சுவாசிக்கவும் முடியும் <p>முழு அடைப்பு :</p> <p>குழந்தையினால் இரும்பவோ, சுவாசிக்கவோ முடியாது மேலும் காயநினைவு</p> | <p>விரிவுரை பற்றி கலந்தாய்வு</p> | <p>விரிவுரை அளித்தல், கவனித்தல்</p> | |

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| <p>5 நிமிடம்</p> | <p>பாம்புக் கடி</p> | <p>இழக்க நேரிடும். முதலுதவி மேலாண்மை :</p> <ul style="list-style-type: none"> ❖ குழந்தையால் சுவாசிக்க முடியும் என்றால் இருமப் ஊக்குவிக்கலாம். இதன்மூலம் சுவாசப்பாதை அடைப்பைத் தவிர்க்கலாம். ❖ குழந்தையால் பேசுவோ இரும்பேவோ, சுவாசக்கவோ முடியாத போது கைகளை பயன்படுத்தி முதுகில் இரண்டு தோள்பட்டைக்கு இடையில் 5 முறை நன்றாகத் தட்டி, அந்நியப் பொருள் வாயிற்கு வந்துவிட்டதா எனப் பார்க்க வேண்டும். ❖ இந்த முறை பயன்தராத போது, குழந்தையை முன்புறமாக குனியச் செய்து வயிற்றுப் பகுதியில் கட்டைவிரலைப் பயன்படுத்தி 5 முறை நன்கு அழுத்தம் தரவேண்டும். ❖ அந்நியப் பொருள் சிறியதாகவும், தொண்டையை அடைக்காதவாறு இருப்பின் சிறிதளவு நீர் பருகுவதற்கு அளிக்க வேண்டும். ❖ அடைப்பு நீங்கிவிட்டது என்றால் மீண்டும் ஒருமுறை வாயைப் பரிசோதித்துப் பார்க்கவும். <p>பாம்புக் கடி</p> <p>எல்லாப் பாம்புக் கடியும் அபாயக்கரமானது அல்ல அவைகளில் சிலவற்றின் விஷம் மட்டுமே அபாயம் மிக்கது. பெரும்பாலான மக்கள் பயத்தினாலேயே இறக்கின்றனர். இதற்கு விஷம் காரணம் அல்ல.</p> | <p>விரிவுரை பற்றி கலந்தாய்வு</p> | <p>விரிவுரை அளித்தல், கவனித்தல்</p> | |
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| | | | <p>அறிஞர்கள் :</p> <ul style="list-style-type: none"> ❖ பாம்புப் பல்-ன் தடையங்கள் இரண்டு குழியாக பதிந்து காணப்படுதல் ❖ கடுமையான வ- , சிவந்துப்போதல் மற்றும் வீக்கமடைதல் ❖ குமட்டல் மற்றும் வாந்தி ❖ மங்களான பார்வை ❖ அதிகமாக உமிழ்நீர் சுரத்தல் / வியர்தல் ❖ பாம்புக் கடித்த இடத்தில் வ- மற்றும் மறுத்துப் போதல் ❖ மயக்க நிலை ❖ பார்வைக் குன்றிப்போதல் ❖ பேச்சு மற்றும் சுவாசத்திற்கு கஷ்டம் ❖ வ-ப்பு மற்றும் சுயநினைவு இழத்தல் <p>முதலுதவி மேலாண்மை :</p> <ul style="list-style-type: none"> ❖ பாதிக்கப்பட்டவரை சௌகரியமாக சமமானப் பரப்பில் இருக்க வைத்தல் ❖ எல்லா பாம்பு விஷமும் வீரியமுள்ளது இல்லை என ஆறுதல் தெரிவிக்க வேண்டும். ❖ தண்ணீர் பருக அளிக்கக்கூடாது ❖ இதயத்திற்கும் பாம்புக்கடித்த இடத்திற்கும் இடையில் இறுக்கமாக கையிறு கட்ட வேண்டும். ❖ பாதிக்கப்பட்ட இடத்தை அசைக்கக் கூடாது ❖ பாம்பு கடி கை / கால்களில் இருந்தால் அதன்மீது குளிர்ந்த ஓத்தடம் தர | | |
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| 5 நிமிடம் | நாய்கடி | <p>வேண்டும்.</p> <p>❖ உடனடியாக பாதிக்கப்பட்டவரை மருத்துவமனைக்கு அழைத்துச் செல்லவேண்டும்.</p> <p>நாய்கடி</p> <p>நாய் கடி மிகவும் ஆபத்தானது, இதனால் “ஹெட்ரோஃபோபியா” என்ற நிலைமை ஏற்படலாம்.</p> <p>கடித்த நாயை 10 நாட்களுக்கு கண்காணிக்க வேண்டும். இந்நாட்களில் நாய் நல்லமுறையில் இருந்தால் ஆபத்து இல்லை.</p> <p>அறிகுறிகள் :</p> <ul style="list-style-type: none"> ❖ தலைவ- , குமட்டல் மற்றும் வாந்தி ❖ தொண்டை கரகரப்பு ❖ இருமல் ❖ வெளிச்சத்தைப் பார்க்க இயலாது, சத்துமான ஒ- யை பொருக்க முடியாது ❖ மனபோராட்டம், மனகுழப்பம் மற்றும் மாயத்தோற்றம் ❖ விழுங்குதல் கடினமாகும் ❖ நுரைத்தப்புதல் ❖ சவாச உறுப்புகள் செய- முத்தல் ❖ தண்ணீர் அருந்தமுடியாது | <p>விரிவுரை பற்றி கலந்தாய்வு</p> | <p>விரிவுரை அளித்தல், கவனித்தல்</p> |
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| 5 நிமிடம் | | <p>முதலுதவி மேலாண்மை :</p> <ul style="list-style-type: none"> ❖ நாய்கடித்த இடத்தை சோப்பு மற்றும் நீர் கொண்டு கழுவ வேண்டும் ❖ தூய்மையான பொருளால் கத்தும் செப்தல் ❖ நாயை தேவையில்லாமல் சாக அடிக்க கூடாது ❖ கிருமிநாசினி களிம்புகளை கடித்த இடத்தில் இடவேண்டும் ❖ கடித்த இடத்தை அசைக்கக்கூடாது ❖ கடித்துப் பிறகு நாயை 10 நாட்களுக்கு கண்காணிக்க வேண்டும். ❖ மருத்துவமனைக்கு பாதிக்கப்பட்டவரை அழைத்துச் செல்ல வேண்டும். <p>தேனீ கடி</p> <p>பூச்சி வகைகளில் தேனீ மற்றும் குளவிகளின் கொடுக்கில் ஆபத்து விளைவிக்கும் விஷம் சிறிதளவு உள்ளது.</p> <p>அறிகுறிகள் :</p> <ul style="list-style-type: none"> ❖ கடுமையான வ- ❖ சிவந்துபோகும் மற்றும் வீக்கமடையும் (கொடுக்கு உள்ள இடத்தில்) ❖ கடித்த இடத்தை சுற்றி அரிப்பெடுத்தல் ❖ கொடுக்கினால் அபாயகரமான விளைவுகள் ஏற்படும் ❖ இரத்த அழுத்தம் குறைதல் ❖ சுயநினைவை இழத்தல் ❖ ஒவ்வாமையினால் ஏற்படும் அதிர்ச்சி | <p>விரிவுரை பற்றி கலந்தாய்வு</p> | <p>விரிவுரை அளித்தல், கவனித்தல்</p> | |
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| | | | <p>முதலுதவி மேலாண்மை :</p> <ul style="list-style-type: none"> ❖ கொடுக்கை நீக்க வேண்டும் ❖ கடித்த இடத்தை மெதுவாக, சீராகத் தேய்துவிடவேண்டும். இதன்மூலம் கொடுக்கு மாட்டியுள்ள இடம் பெரிதாகி எளிமையாக நீக்கிவிடலாம். ❖ கொடுக்கை எடுக்கும்போது விஷப்பையை நசுக்கிவிடக் கூடாது. ❖ கடித்த இடத்தில் அமோனியா சோடா / மெத்தி-ன் புளு போன்றவற்றை தடவ வேண்டும். ❖ குளிர்ந்த ஒத்தடம் மற்றும் ஸ்பிரிட் தடவுதால் வ-யை குறைக்கலாம். ❖ பாதிக்கப்பட்டவருக்கு மூச்சுத் திணரல் இருந்தால் உடலை சரியான நிலையில் வைக்கவும். ❖ உடனடியாக மருத்துவமனைக்கு அழைத்துச் செல்ல வேண்டும். | | |
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